Background:
UnitedHealthcare benefit documents define Therapeutically Equivalent as when medications/products have essentially the same efficacy and adverse effect profile. This determination is made by the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee and is not intended to imply therapeutic equivalence as defined by the FDA Orange Book.

Benefit plan designs incorporate a clinical review for certain prescription medications if they are Therapeutically Equivalent, defined as similar outcomes and adverse events, to a covered medication or an over-the-counter medication. State mandates or regulatory requirements may necessitate the clinical review, which will require a history of failure, contraindication, or intolerance to covered product(s) or over-the-counter medication(s). For additional information on coverage, please see the Physician PDL posted on UHCProvider.com.

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Abilify MyCite (aripiprazole tablet with sensor)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Must try **ALL** of the following: **1.** olanzapine (generic Zyprexa) **2.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR) **3.** risperidone (generic Risperdal) **4.** ziprasidone (generic Geodon) **5.** aripiprazole tablet (generic Abilify)	N/A
Abilify tablet (aripiprazole)	Brand Only	**BOTH of the following:** **1.** Must try aripiprazole (generic Abilify) **AND** **2.** Must try **ONE** of the following: **a.** olanzapine (generic Zyprexa) **b.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR) **c.** risperidone (generic Risperdal) **d.** ziprasidone (generic Geodon)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Brand Only	Must try **ALL** of the following: **1.** olanzapine (generic Zyprexa) **2.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR) **3.** risperidone (generic Risperdal) **4.** ziprasidone (generic Geodon)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Abrilada (adalimumab-afzb)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A

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Absorica (isotretinoin)	Brand Only	**BOTH of the following:** **1.** Must try **TWO** of the following: **a.** Topical retinoid or retinoid-like agent [e.g., Retin-A/Retin-A Micro (tretinoin)], **b.** oral antibiotic [e.g., Ery-Tab (erythromycin), Minocin (minocycline)], **c.** topical antibiotic with or without benzoyl peroxide [e.g., Cleocin-T (clindamycin), erythromycin, BenzaClin (benzoyl peroxide/clindamycin), Benzamycin (benzoyl peroxide/erythromycin)]; **AND** **2.** Must try **TWO** of the following oral isotretinoin formulations (document duration of trial): **a.** Claravis **b.** Myorisan **c.** Zenatane **d.** Amnesteem **e.** isotretinoin 10mg **OR** 20mg **OR** 30mg **OR** 40mg	N/A	Brand Only	**BOTH of the following:** **1.** Must try isotretinoin 10mg **OR** 20mg **OR** 30mg **OR** 40mg; **AND** **2.** Must try **TWO** of the following: **a.** Amnesteem **b.** Claravis **c.** Myorisan **d.** Zenatane	N/A

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Absorica LD (isotretinoin micronized)	Single Source Brand	**BOTH of the following:** **1.** Must try **TWO** of the following: **a.** Topical retinoid or retinoid-like agent [e.g., Retin-A/Retin-A Micro (tretinoin)], **b.** oral antibiotic [e.g., Ery-Tab (erythromycin), Minocin (minocycline)], **c.** topical antibiotic with or without benzoyl peroxide [e.g., Cleocin-T (clindamycin), erythromycin, BenzaClin (benzoyl peroxide/clindamycin), Benzamycin (benzoyl peroxide/erythromycin)]; **AND** **2.** Must try **TWO** of the following oral isotretinoin formulations (document duration of trial): **a.** Claravis **b.** Myorisan **c.** Zenatane **d.** Amnesteem **e.** isotretinoin 10mg **OR** 20mg **OR** 30mg **OR** 40mg	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try isotretinoin 10mg **OR** 20mg **OR** 30mg **OR** 40mg; **AND** **2.** Must try **TWO** of the following: **a.** Amnesteem **b.** Claravis **c.** Myorisan **d.** Zenatane	N/A
Acanya (clindamycin-benzoyl peroxide 1.2-2.5%)	Brand and Generic	Must try **BOTH** of the following: **1.** clindamycin-benzoyl peroxide 1.2-5% gel (generic Duac) **2.** clindamycin **IN COMBINATION WITH** OTC benzoyl peroxide	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	Must try **BOTH** of the following: **1.** clindamycin-benzoyl peroxide 1.2-5% gel (generic Duac) **2.** clindamycin **IN COMBINATION WITH** OTC benzoyl peroxide	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Accrufer (ferric maltol)	Single Source Brand	OTC iron	N/A	Single Source Brand	OTC iron	N/A

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Accupril (quinapril)	Brand Only	quinapril (generic Accupril)	N/A	Brand Only	quinapril (generic Accupril)	N/A
Aciphex (rabeprazole)	Brand Only	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole tablet (generic Protonix) **3.** rabeprazole tablet (generic Aciphex)	N/A	Brand Only	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole tablet (generic Protonix) **3.** rabeprazole tablet (generic Aciphex)	N/A
Aciphex Sprinkle (rabeprazole DR sprinkle)	Single Source Brand	Must try **FIVE** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole (generic Protonix) **3.** rabeprazole (generic Aciphex) **4.** OTC Nexium **5.** OTC Prevacid **6.** OTC Prilosec **7.** OTC Zegerid	N/A	Single Source Brand	Must try **FIVE** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole (generic Protonix) **3.** rabeprazole (generic Aciphex) **4.** OTC Nexium **5.** OTC Prevacid **6.** OTC Prilosec **7.** OTC Zegerid	N/A
Actemra (tocilizumab)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Must try **TWO** of the following: **1. ONE** adalimumab product: **a.** Adalimumab-adaz (unbranded Hyrimoz) **b.** Amjevita **c**. Humira **2.** Cimzia **3.** Enbrel **4.** Rinvoq **5.** Simponi **6.** Xeljanz **or** Xeljanz XR	N/A
Acthar (corticotropin)	N/A	N/A	N/A	Single Source Brand	Use Medical Necessity or Step Therapy	N/A
Acticlate (doxycycline hyclate)	Brand and Generic	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Vibramycin, Vibra-Tab) **2.** doxycycline monohydrate 50 **OR** 100mg (generic Monodox)	N/A	Brand and Generic	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Vibramycin, Vibra-Tab) **2.** doxycycline monohydrate 50 **OR** 100mg (generic Monodox)	N/A
Actiq (fentanyl citrate lozenge on a handle)	Brand Only	fentanyl citrate lozenges (generic Actiq)	N/A	Brand Only	fentanyl citrate lozenges (generic for Actiq)	N/A
Actonel (risedronate)	Brand Only	Must try **ALL** of the following: **1.** alendronate (generic Fosamax) **2.** ibandronate (generic Boniva) **3.** risedronate (generic Actonel)	N/A	Brand Only	Must try **ALL** of the following: **1.** alendronate (generic Fosamax) **2.** ibandronate (generic Boniva) **3.** risedronate (generic Actonel)	N/A
Actoplus Met (brand only) (pioglitzaone-metformin)	N/A	N/A	N/A	Brand Only	pioglitazone-metformin (generic Actoplus Met)	N/A
Actos (pioglitazone)	Brand Only	pioglitazone (generic Actos)	N/A	Brand Only	pioglitazone (generic Actos)	N/A
Acuvail ophthalmic solution (ketorolac tromethamine)	Single Source Brand	ketorolac ophthalmic solution (generic Acular, Acular LS)	N/A	Single Source Brand	ketorolac ophthalmic solution (generic Acular, Acular LS)	N/A

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Aczone topical gel (dapsone)	Brand Only	dapsone topical gel (generic Aczone)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream	N/A
Adalimumab-adbm (unbranded Cyltezo)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Adalimumab-fkjp (all dosage forms)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Adalimumab-ryvk (all dosage forms)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Adapalene 0.1% pad	Single Source Brand	Must try **ONE** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Adcirca (tadalafil)	Brand Only	tadalafil tablet (generic Adcirca tablet)	N/A	Brand Only	Must try **BOTH** of the following: **1.** tadalafil (generic Adcirca) **2.** sildenafil (generic Revatio)	N/A
Adderall (amphetamine-dextroamphetamine)	Brand Only	amphetamine-dextroamphetamine immediate-release (generic Adderall)	N/A	Brand Only	amphetamine-dextroamphetamine immediate-release (generic Adderall)	N/A
Adderall XR (amphetamine-dextroamphetamine extended-release)	Brand Only	amphetamine-dextroamphetamine extended-release (generic Adderall XR)	N/A	Brand Only	amphetamine-dextroamphetamine extended-release (generic Adderall XR)	N/A

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Adlarity transdermal patch (donepezil)	Single Source Brand	**BOTH of the following:** **1.** Must try donepezil tablet (generic Aricept) **AND** **2.** Must try **ONE** of the following: **a.** galantamine (Razadyne) **b.** memantine (generic Namenda) **c.** rivastigmine transdermal patch (generic Exelon)	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try donepezil tablet (generic Aricept) **AND** **2.** Must try **ONE** of the following: **a.** galantamine (Razadyne) **b.** memantine (generic Namenda) **c.** rivastigmine transdermal patch (generic Exelon)	N/A
Admelog (insulin lispro) (all dosage forms)	Single Source Brand	Must try **ONE** of the following: **1.** Humalog KwikPen **2.** Insulin Lispro KwikPen (unbranded Humalog) **3.** Insulin Lispro vial (unbranded Humalog) **4.** Lyumjev KwikPen	N/A	Single Source Brand	Must try **ONE** of the following: **1.** Humalog KwikPen **2.** Insulin Lispro KwikPen (unbranded Humalog) **3.** Insulin Lispro vial (unbranded Humalog) **4.** Lyumjev KwikPen	N/A
Advair Diskus (fluticasone-salmeterol)	Brand Only	Must try **ALL** of the following: **1.** fluticasone-salmeterol Diskus (generic Advair Diskus) **OR** Advair HFA **2.** Breo Ellipta **3.** Symbicort	N/A	Brand Only	Must try **ALL** of the following: **1.** fluticasone-salmeterol Diskus (generic Advair Diskus) **OR** Advair HFA **2.** Breo Ellipta **3.** Symbicort	N/A
Adzenys XR-ODT (amphetamine extended-release orally disintegrating tablet)	Brand and Generic	Must try **TWO** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) capsule or chewable tablet **4.** methylphenidate extended-release (Metadate CD, Ritalin LA)	N/A	Brand and Generic	Must try **ALL** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Afinitor (everolimus)	Brand Only	everolimus (generic Afinitor)	N/A	Brand Only	everolimus (generic Afinitor)	N/A
Afinitor Disperz (everolimus tablet for suspension)	Brand Only	everolimus tablet for oral suspension (generic Afinitor Disperz)	N/A	Brand Only	everolimus tablet for oral suspension (generic Afinitor Disperz)	N/A
Afrezza (insulin human inhalation powder)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A
Agamree oral suspension (vamorolone)	Single Source Brand	prednisone	N/A	Single Source Brand	prednisone	N/A

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Agrylin (anagrelide)	Brand Only	anagrelide (generic Agrylin)	N/A	Brand Only	anagrelide (generic Agrylin)	N/A
AirDuo Digihaler (fluticasone-salmeterol)	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** fluticasone propionate-salmeterol (generic Advair Diskus) **b.** fluticasone propionate-salmeterol (generic AirDuo RespiClick) **c.** Advair HFA **AND** **2.** Must try **BOTH** of the following: **a.** Breo Ellipta **b.** Brand Symbicort	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** fluticasone propionate-salmeterol (generic Advair Diskus) **b.** fluticasone propionate-salmeterol (generic AirDuo RespiClick) **c.** Advair HFA **AND** **2.** Must try **BOTH** of the following: **a.** Breo Ellipta **b.** Brand Symbicort	N/A
AirDuo RespiClick (fluticasone-salmeterol)	Multisource Brand without Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** fluticasone propionate-salmeterol (generic Advair Diskus) **b.** fluticasone propionate-salmeterol (generic AirDuo RespiClick) **c.** Advair HFA **AND** **2.** Must try **BOTH** of the following: **a.** Breo Ellipta **b.** Brand Symbicort	N/A	Multisource Brand without Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** fluticasone propionate-salmeterol (generic Advair Diskus) **b.** fluticasone propionate-salmeterol (generic AirDuo RespiClick) **c.** Advair HFA **AND** **2.** Must try **BOTH** of the following: **a.** Breo Ellipta **b.** Brand Symbicort	N/A
Ajovy (fremanezumab)	Single Source Brand	Use Medical Necessity or Step Therapy	N/A	Single Source Brand	Use Medical Necessity or Step Therapy	N/A
Aldactone (spironolactone)	Brand Only	spironolactone (generic Aldactone)	N/A	Brand Only	spironolactone (generic Aldactone)	N/A
Alhemo (concizumab)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A
Alinia tablet (nitazoxanide)	Brand Only	nitazoxanide (generic Alinia)	N/A	Brand Only	nitazoxanide (generic Alinia)	N/A
Alkindi Sprinkle (hydrocortisone sprinkle capsule)	Single Source Brand	hydrocortisone tablet (generic Cortef)	N/A	Single Source Brand	hydrocortisone tablet (generic Cortef)	N/A
Allegra (fexofenadine) (all dosage forms)	Legend Medication (Brand and Generic)	OTC Allegra (fexofenadine)	N/A	Legend Medication (Brand and Generic)	OTC Allegra (fexofenadine)	N/A
Allegra-D (fexofenadine-pseudoephedrine) (all dosage forms)	Legend Medication (Brand and Generic)	OTC Allegra-D (fexofenadine-pseudoephedrine)	N/A	Legend Medication (Brand and Generic)	OTC Allegra-D (fexofenadine-pseudoephedrine)	N/A
Allopurinol 200mg tablet	Single Source Brand	allopurinol 100mg or 300mg (generic Zyloprim)	N/A	Single Source Brand	allopurinol 100mg or 300mg (generic Zyloprim)	N/A

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Allzital (butalbital-acetaminophen 25mg-325mg)	Single Source Brand	butalbital-acetaminophen 50mg-325 mg (generic Phrenilin)	N/A	Single Source Brand	butalbital-acetaminophen 50mg-325 mg (generic Phrenilin)	N/A
Altace (ramipril)	Brand Only	ramipril (generic Altace)	N/A	Brand Only	ramipril (generic Altace)	N/A
Altoprev (lovastatin ER)	Single Source Brand	Must try **ALL** of the following: **1.** atorvastatin (generic Lipitor) **2.** lovastatin (generic Mevacor) **3.** pravastatin (generic Pravachol) **4.** simvastatin (generic Zocor) **5.** rosuvastatin (generic Crestor)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** atorvastatin (generic Lipitor) **2.** lovastatin (generic Mevacor) **3.** pravastatin (generic Pravachol) **4.** simvastatin (generic Zocor) **5.** rosuvastatin (generic Crestor)	N/A
Altreno (tretinoin lotion)	Single Source Brand	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A
Alvesco (ciclesonide)	Single Source Brand	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A
Amaryl (glimepiride)	Brand Only	glimepiride (generic Amaryl)	N/A	Brand Only	glimepiride (generic Amaryl)	N/A
Ambien (zolpidem)	Brand Only	Must try a **two week trial** each of **TWO** of the following: **1.** zolpidem (generic Ambien) **2.** zaleplon (generic Sonata) **3.** eszopiclone (generic Lunesta)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try a **two week trial** each of **ALL** of the following: **1.** zolpidem (generic Ambien) **2.** zaleplon (generic Sonata) **3.** eszopiclone (generic Lunesta)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

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Ambien CR (zolpidem ER)	Brand Only	Must try a **two week trial** each of **TWO** of the following: **1.** zolpidem (generic Ambien) **or** zolpidem extended-release (generic Ambien CR) **2.** zaleplon (generic Sonata) **3.** eszopiclone (generic Lunesta)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try a **two week trial** each of **ALL** of the following: **1.** zolpidem (generic Ambien) **or** zolpidem extended-release (generic Ambien CR) **2.** zaleplon (generic Sonata) **3.** eszopiclone (generic Lunesta)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Amicar (aminocaproic acid)	Brand Only	aminocaproic acid (generic Amicar)	N/A	Brand Only	aminocaproic acid (generic Amicar)	N/A
Amitiza (lubiprostone)	Brand Only	Must try **BOTH** of the following: **1.** lubiprostone **2.** Linzess	N/A	Brand Only	Must try **BOTH** of the following: **1.** lubiprostone **2.** Linzess	N/A
Amjevita 100mg/mL not manufactured by Amgen USA (adalimumab-atto)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Amjevita 50mg/mL (adalimumab-atto)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Amlodipine-valsartan-hydrochlorothiazide (generic Exforge HCT)	Generic Only	**Initial authorization review:** History of trial and failure to **ONE** of the following: **a.** amlodipine (generic Norvasc) **IN COMBINATION WITH** losartan-hydrochlorothiazide (generic Hyzaar) **b.** amlodipine (generic Norvasc) **IN COMBINATION WITH** valsartan-hydrochlorothiazide (generic Diovan HCT) **c.** amlodipine (generic Norvasc) **IN COMBINATION WITH** olmesartan-hydrochlorothiazide (generic Benicar HCT) **d.** amlodipine (generic Norvasc) **IN COMBINATION WITH** telmisartan-hydrochlorothiazide (generic Micardis HCT) **Reauthorization review:** Documentation of positive clinical response to therapy	**Initial authorization review:** **BOTH** of the following: **1.** History of a trial resulting in a therapeutic failure (i.e., blood pressure goal not met) to amlodipine/valsartan (generic Exforge) IN COMBINATION WITH hydrochlorothizaide **2.** Patient is unable to adhere to antihypertensive therapy and prescriber determines combination therapy would be beneficial.	Generic Only	Use Non-Formulary	N/A
Ampyra (dalfampridine ER)	Brand Only	dalfampridine ER (generic Ampyra)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	dalfampridine ER (generic Ampyra)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Amrix (cyclobenzaprine ER)	Brand and Generic	**BOTH of the following**: **1.** Must try cyclobenzaprine tablet (generic Flexeril) **AND** **2.** Must try **TWO** of the following: **a.** carisoprodol (Soma 350mg) **b.** methocarbamol (generic Robaxin) **c.** chlorzoxazone (generic Parafon Forte DSC) **d.** tizanidine (generic Zanaflex tablet)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** cyclobenzaprine tablet (generic Flexeril) **2.** carisoprodol (Soma 350mg) **3.** methocarbamol (generic Robaxin) **4.** chlorzoxazone (generic Parafon Forte DSC) **5.** tizanidine (generic Zanaflex tablet)	N/A
Amzeeq (minocycline micronized foam)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** minocycline immediate-release capsule (generic Minocin) **2.** tretinoin cream (generic Retin-A) **3.** OTC Differin gel	N/A
Anafranil (clomipramine)	Brand Only	Must try **FIVE** of the following: **1.** clomipramine (generic Anafranil) **2.** citalopram (generic Celexa) **3.** escitalopram (generic Lexapro) **4.** fluoxetine capsule (generic Prozac) **5.** fluvoxamine (generic Luvox) **6.** paroxetine (generic Paxil) **7.** sertraline (generic Zoloft)	N/A	Brand and Generic	Must try **FIVE** of the following: **1.** citalopram (generic Celexa) **2.** escitalopram (generic Lexapro) **3.** fluoxetine capsule (generic Prozac) **4.** fluvoxamine (generic Luvox) **5.** paroxetine (generic Paxil) **6.** sertraline (generic Zoloft)	N/A
Anaprox DS (naproxen 550mg)	Brand Only	Must try **BOTH** of the following: **1.** naproxen (generic Naprosyn, generic Anaprox DS) **2.** OTC naproxen	N/A	Brand Only	Must try **BOTH** of the following: **1.** naproxen (generic Naprosyn, generic Anaprox DS) **2.** OTC naproxen	N/A
AndroGel 1% (testosterone)	Brand and Generic	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Brand and Generic	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A
AndroGel 1.62% Pump (testosterone)	Brand Only	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Brand Only	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A
Anusol-HC suppository (hydrocortisone acetate)	Brand Only	Must try **ONE** of the following: **1.** hydrocortisone cream (generic Anusol-HC) **2.** hydrocortisone suppository (generic Anusol-HC)	N/A	Brand Only	Must try **BOTH** of the following: **1.** hydrocortisone cream (generic Anusol-HC) **2.** hydrocortisone suppository (generic Anusol-HC)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Apadaz (benzhydrocodone-acetaminophen)	Single Source Brand	hydrocodone-acetaminophen (generic Norco)	N/A	Single Source Brand	hydrocodone-acetaminophen (generic Norco)	N/A
Apidra (insulin glulisine) (all dosage forms)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Aplenzin (bupropion hydrobromide extended-release)	Single Source Brand	bupropion extended-release (generic Wellbutrin XL)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	bupropion extended-release (generic Wellbutrin XL)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Aptensio XR (methylphenidate ER capsule)	Brand and Generic	Must try **TWO** of the following: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Aptiom (eslicarbazepine)	N/A	N/A	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** carbamazepine (generic Tegretol) **2.** oxcarbazepine (generic Trileptal)	N/A
Aqvesme (mitapivat)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** deferasirox (generic Exjade, Jadenu) **2.** Reblozyl - medical benefit	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Arava (leflunomide)	Brand Only	leflunomide (generic Arava)	N/A	Brand Only	leflunomide (generic Arava)	N/A
Arazlo (tazarotene lotion)	Single Source Brand	Must try **ONE** of the following: **1.** OTC Differin **2.** tretinoin cream	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** OTC Differin **2.** tretinoin cream	N/A
Arbli (losartan oral suspension)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Epaned **2.** Qbrelis **3.** Valsartan oral solution	N/A
Aricept 23mg (donepezil)	Brand Only	donepezil (generic Aricept)	N/A	Brand Only	donepezil (generic Aricept)	N/A
Aricept 5mg, 10mg (donepezil)	Brand Only	donepezil (generic Aricept)	N/A	Brand Only	donepezil (generic Aricept)	N/A
Arimidex (anastrozole)	Brand Only	anastrozole (generic Arimidex)	N/A	Brand Only	anastrozole (generic Arimidex)	N/A
Aripiprazole orally-disintegrating tablet (generic Abilify Discmelt)	N/A	N/A	N/A	Generic Only	Must try **ALL** of the following: **1.** olanzapine (generic Zyprexa) **2.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR) **3.** risperidone (generic Risperdal) **4.** ziprasidone (generic Geodon)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Arixtra (fondaparinux)	Brand Only	fondaparinux (generic Arixtra)	N/A	Brand Only	fondaparinux (generic Arixtra)	N/A
ArmonAir Digihaler (fluticasone propionate inhaler with sensor)	Single Source Brand	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A
Aromasin (exemestane)	Brand Only	exemestane (generic Aromasin)	N/A	Brand Only	exemestane (generic Aromasin)	N/A
Arthrotec (diclofenac-misoprostol delayed-release)	Brand Only	diclofenac-misoprostol delayed-release (generic Arthrotec)	N/A	Brand Only	diclofenac-misoprostol delayed-release (generic Arthrotec)	N/A
Asmanex HFA (mometasone furoate)	Single Source Brand	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A
Asmanex Twisthaler (mometasone furoate)	Single Source Brand	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A
Astagraf XL (tacrolimus extended-release)	Brand and Generic	tacrolimus (generic Prograf)	N/A	Brand and Generic	tacrolimus (generic Prograf)	N/A
Astepro (azelastine nasal spray)	Brand and Generic	Must try **ONE** of the following: **1.** OTC azelastine (Astepro Allergy) **2.** azelastine 0.1% nasal spray (generic Astelin)	N/A	Brand and Generic	Must try **ONE** of the following: **1.** OTC azelastine (Astepro Allergy) **2.** azelastine 0.1% nasal spray (generic Astelin)	N/A
Atacand (candesartan)	Brand Only	candesartan (generic Atacand)	N/A	Brand Only	candesartan (generic Atacand)	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Atacand HCT (candesartan-hydrochlorothiazide)	Brand Only	candesartan-hydrochlorothiazide (generic Atacand HCT)	N/A	Brand Only	candesartan-hydrochlorothiazide (generic Atacand HCT)	N/A
Atelvia (risedronate delayed-release)	Brand and Generic	risedronate (generic Actonel)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** alendronate (generic Fosamax) **2.** ibandronate (generic Boniva) **3.** risedronate (generic Actonel)	N/A
Ativan (lorazepam)	Brand Only	**BOTH of the following**: **1.** Must try lorazepam (generic Ativan) **AND** **2.** Must try **ONE** of the following: **a.** alprazolam (generic Xanax) **b.** clonazepam (generic Klonopin) **c.** diazepam (generic Valium)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	**BOTH of the following**: **1.** Must try lorazepam (generic Ativan) **AND** **2.** Must try **ONE** of the following: **a.** alprazolam (generic Xanax) **b.** clonazepam (generic Klonopin) **c.** diazepam (generic Valium)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Atmeksi oral suspension (methocarbamol)	N/A	N/A	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try methocarbamol (generic Robaxin) **AND** **2.** Must try **TWO** of the following: **a.** cyclobenzaprine tablet (generic Flexeril) **b.** chlorzoxazone (generic Parafon Forte DSC) **c.** orphenadrine extended-release (generic Norflex) **d.** tizanidine (generic Zanaflex)	N/A
Atralin (tretinoin gel)	Brand and Generic	Must try **BOTH** of the following: **1.** tretinoin cream (generic Retin-A) **2.** OTC Differin gel	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** tretinoin cream (generic Retin-A) **2.** OTC Differin gel	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Atripla (efavirenz-emtricitabine-tenofovir disoproxil fumarate)	Brand Only	Must try **ONE** of the following: **1.** efavirenz-emtricitabine-tenofovir disoproxil fumarate (generic Atripla) **2.** Symfi **3.** Symfi Lo	N/A	Brand Only	Must try **ALL** of the following: **1.** efavirenz-emtricitabine-tenofovir disoproxil fumarate (generic Atripla) **2.** Symfi **3.** Symfi Lo	N/A
Aubagio (teriflunomide)	Brand Only	teriflunomide (generic Aubagio)	N/A	Brand Only	teriflunomide (generic Aubagio)	N/A
Augmentin 125mg/5mL suspension (amoxicillin-clavulanate)	Single Source Brand	amoxicillin-clavulanate (generic Augmentin 250mg/5mL)	N/A	Single Source Brand	amoxicillin-clavulanate (generic Augmentin 250mg/5mL)	N/A
Augmentin ES-600 (amoxicillin-clavulanate 600mg-42.9mg/5mL suspension)	Brand Only	amoxicillin-clavulanate (generic Augmentin)	N/A	Brand Only	amoxicillin-clavulanate (generic Augmentin)	N/A
Augmentin tablet (amoxicillin-clavulanate)	Brand Only	amoxicillin-clavulanate (generic Augmentin)	N/A	Brand Only	amoxicillin-clavulanate (generic Augmentin)	N/A
Augmentin XR (amoxicillin-clavulanate ER)	Brand and Generic	amoxicillin-clavulanate (generic Augmentin)	N/A	Brand and Generic	amoxicillin-clavulanate (generic Augmentin)	N/A
Auryxia (ferric citrate)	Brand and Generic	Must try **TWO** of the following: **1.** calcium acetate (generic PhosLo) **2.** sevelamer carbonate tablet (generic Renvela) **3.** Velphoro	N/A	Brand and Generic	Must try **TWO** of the following: **1.** calcium acetate (generic PhosLo) **2.** sevelamer carbonate tablet (generic Renvela) **3.** Velphoro	N/A
Auvelity (dextromethorphan-bupropion ER)	N/A	N/A	N/A	Single Source Brand	Must try a minimum **four week trial** (document drug and dates of trials) of at least **FIVE** of any formulation of the following: **1.** bupropion **2.** citalopram **3.** duloxetine **4.** escitalopram **5.** fluoxetine **6.** fluvoxamine **7.** paroxetine **8.** sertraline **9.** venlafaxine immediate release/extended-release capsule	N/A

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Avalide (irbesartan-hydrochlorothiazide)	Brand Only	Must try **FIVE** of the following: **1.** irbesartan-hydrochlorothiazide (generic Avalide) **2.** candesartan-hydrochlorothiazide (generic Atacand HCT) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** olmesartan-hydrochlorothiazide (generic Benicar HCT) **5.** valsartan-hydrochlorothiazide (generic Diovan HCT) **6.** telmisartan-hydrochlorothiazide (generic Micardis HCT)	N/A	Brand Only	Must try **FIVE** of the following: **1.** irbesartan-hydrochlorothiazide (generic Avalide) **2.** candesartan-hydrochlorothiazide (generic Atacand HCT) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** olmesartan-hydrochlorothiazide (generic Benicar HCT) **5.** valsartan-hydrochlorothiazide (generic Diovan HCT) **6.** telmisartan-hydrochlorothiazide (generic Micardis HCT)	N/A
Avapro (irbesartan)	Brand Only	Must try **FIVE** of the following: **1.** candesartan (generic Atacand) **2.** irbesartan (generic Avapro) **3.** losartan (generic Cozaar) **4.** telmisartan (generic Micardis) **5.** valsartan (generic Diovan) 6. olmesartan (generic Benicar)	N/A	Brand Only	Must try **FIVE** of the following: **1.** candesartan (generic Atacand) **2.** irbesartan (generic Avapro) **3.** losartan (generic Cozaar) **4.** telmisartan (generic Micardis) **5.** valsartan (generic Diovan) 6. olmesartan (generic Benicar)	N/A
AVAR, AVAR LS (sodium sulfacetamide w/ sulfur cleanser)	Single Source Brand	sodium sulfacetamide w/sulfur 10-5%	N/A	Single Source Brand	sodium sulfacetamide w/sulfur 10-5%	N/A
AVAR-e Emollient (sodium sulfacetamide w/sulfur emollient cream)	N/A	N/A	N/A	Single Source Brand	sodium sulfacetamide w/sulfur 10-5%	N/A
AVAR-e Green (sodium sulfacetamide w/sulfur emollient cream)	N/A	N/A	N/A	Single Source Brand	sodium sulfacetamide w/sulfur 10-5%	N/A
AVAR-e LS (sodium sulfacetamide w/sulfur emollient cream)	N/A	N/A	N/A	Single Source Brand	sodium sulfacetamide w/sulfur 10-5%	N/A
Averi (desogestrel-ethinyl estradiol-ferrous bisglycinate)	Single Source Brand	desogestrel-ethinyl estradiol 0.15/0.03mg [Apri, Cyred, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen, Solia (generic Desogen, Ortho-Cept)]	N/A	Single Source Brand	desogestrel-ethinyl estradiol 0.15/0.03mg [Apri, Cyred, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen, Solia (generic Desogen, Ortho-Cept)]	N/A
Avita 0.025% (tretinoin)	Brand and Generic	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A
Avodart (dutasteride)	Brand Only	Must try **ALL** of the following: **1.** dutasteride (generic Avodart) **2.** finasteride (generic Proscar)	N/A	Brand Only	Must try **ALL** of the following: **1.** dutasteride (generic Avodart) **2.** finasteride (generic Proscar)	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Axid (nizatidine)	Legend Medication (Brand and Generic)	Must try **ONE** of the following: **1.** OTC Pepcid AC **2.** OTC Tagamet HB **3.** OTC Zantac 360	N/A	Legend Medication (Brand and Generic)	Must try **ALL** of the following: **1.** OTC Pepcid AC **2.** OTC Tagamet HB **3.** OTC Zantac 360	N/A
Azelex (azelaic acid)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A
Azesco (prenatal vitamin w/ ferrous gluconate)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A
Azilect (rasagiline)	Brand Only	Use Step Therapy	N/A	Brand Only	selegiline (generic Eldepryl)	N/A
Azopt (brinzolamide ophthalmic suspension)	Brand Only	Must try **BOTH** of the following: **1.** brinzolamide (generic Azopt) **2.** dorzolamide (generic Trusopt)	N/A	Brand Only	Must try **BOTH** of the following: **1.** brinzolamide (generic Azopt) **2.** dorzolamide (generic Trusopt)	N/A
Azor (amlodipine-olmesartan)	Brand Only	Must try **BOTH** of the following: **1.** amlodipine (generic Norvasc) **IN COMBINATION WITH** olmesartan (generic Benicar) **2.** amlodipine-valsartan (generic Exforge)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **ALL** of the following: **1.** amlodipine-valsartan (generic Exforge) **2**. amlodipine (generic Norvasc) **IN COMBINATION WITH** losartan (generic Cozaar) **3**. amlodipine (generic Norvasc) **IN COMBINATION WITH** irbesartan (generic Avapro) **4.** amlodipine (generic Norvasc) **IN COMBINATION WITH** telmisartan (generic Micardis) **5.** amlodipine (generic Norvasc) **IN COMBINATION WITH** candesartan (generic Atacand)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Azulfidine (sulfasalazine)	N/A	N/A	N/A	Brand Only	sulfasalazine (generic Azulfidine)	N/A
Azulfidine EN-tabs (sulfasalazine delayed-release)	N/A	N/A	N/A	Brand Only	sulfasalazine (generic Azulfidine)	N/A
Baclofen 15mg	Generic Only	baclofen 5mg, 10mg, **OR** 20mg	N/A	Generic Only	baclofen 5mg, 10mg, **OR** 20mg	N/A
Balcoltra (levonorgestrel-ethinyl estradiol and ferrous bisglycinate)	Brand Only	ethinyl estradiol-levonorgestrel-ferrous bisglycinate 0.02mg-0.1mg-36.5mg [Joyeux, (generic Balcoltra)]	N/A	Brand Only	ethinyl estradiol-levonorgestrel-ferrous bisglycinate 0.02mg-0.1mg-36.5mg [Joyeux, (generic Balcoltra)]	N/A
Banzel (rufinamide)	N/A	N/A	N/A	Brand Only	rufinamide (generic Banzel)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Baraclude tablet (entecavir)	Brand Only	entecavir tablet (generic Baraclude)	N/A	Brand Only	entecavir tablet (generic Baraclude)	N/A
Basaglar KwikPen (insulin glargine)	Single Source Brand	Must try **ONE** of the following: **1.** Lantus **2.** Toujeo	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **BOTH** of the following: **1.** Lantus **2.** Toujeo	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Beconase AQ (beclomethasone dipropionate nasal spray)	Single Source Brand	Must try **THREE** of the following: **1.** flunisolide (generic Nasarel) **2.** fluticasone (generic Flonase) **or** OTC Flonase Allergy Relief **or** OTC Flonase Sensimist **3.** mometasone (generic Nasonex) **or** OTC Nasonex 24HR Allergy **4.** OTC Nasacort Allergy 24HR **5.** OTC Rhinocort Allergy Spray	N/A	Single Source Brand	Must try **ALL** of the following: **1.** flunisolide (generic Nasarel) **2.** fluticasone (generic Flonase) **or** OTC Flonase Allergy Relief **or** OTC Flonase Sensimist **3.** mometasone (generic Nasonex) **or** OTC Nasonex 24HR Allergy **4.** OTC Nasacort Allergy 24HR **5.** OTC Rhinocort Allergy Spray	N/A
Belbuca (buprenorphine buccal film)	N/A	N/A	N/A	Single Source Brand	Use Medical Necessity	N/A
Benadryl (diphenhydramine)	Legend Medication (Brand and Generic)	OTC Benadryl (diphenhydramine)	N/A	Legend Medication (Brand and Generic)	OTC Benadryl (diphenhydramine)	N/A
Benicar (olmesartan)	Brand Only	Must try **FIVE** of the following: **1.** candesartan (generic Atacand) **2.** irbesartan (generic Avapro) **3.** losartan (generic Cozaar) **4.** telmisartan (generic Micardis) **5.** valsartan (generic Diovan) **6.** olmesartan (generic Benicar)	N/A	Brand Only	Must try **FIVE** of the following: **1.** candesartan (generic Atacand) **2.** irbesartan (generic Avapro) **3.** losartan (generic Cozaar) **4.** telmisartan (generic Micardis) **5.** valsartan (generic Diovan) **6.** olmesartan (generic Benicar)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Benicar HCT (olmesartan-hydrochlorothiazide)	Brand Only	Must try **ALL** of the following: **1.** candesartan-hydrochlorothiazide (generic Atacand HCT) **2.** irbesartan-hydrochlorothiazide (generic Avalide) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** valsartan-hydrochlorothiazide (generic Diovan HCT) **5.** olmesartan-hydrochlorothiazide (generic Benicar HCT)	N/A	Brand Only	Must try **ALL** of the following: **1.** candesartan-hydrochlorothiazide (generic Atacand HCT) **2.** irbesartan-hydrochlorothiazide (generic Avalide) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** valsartan-hydrochlorothiazide (generic Diovan HCT) **5.** olmesartan-hydrochlorothiazide (generic Benicar HCT)	N/A
Benzaclin jar & pump (clindamycin-benzoyl peroxide 1-5%)	Brand and Generic	Must try **BOTH** of the following: **1.** clindamycin-benzoyl peroxide 1.2-5% gel (generic Duac), **2.** clindamycin solution **IN COMBINATION WITH** OTC benzoyl peroxide	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** clindamycin-benzoyl peroxide 1.2-5% gel (generic Duac), **2.** clindamycin solution **IN COMBINATION WITH** OTC benzoyl peroxide	N/A
Benzamycin (erythromycin-benzoyl peroxide 3-5%)	N/A	N/A	N/A	Brand Only	erythromycin-benzoyl peroxide 3-5% (generic Benzamycin)	N/A
Bepreve (bepotastine ophthalmic solution)	Brand and Generic	Must try **ALL** of the following: **1.** OTC ketotifen (generic Zaditor) **2.** OTC olopatadine (generic Pataday) **3.** OTC Lastacaft **4.** azelastine ophthalmic solution (generic Optivar) **5.** epinastine (generic Elestat)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** OTC ketotifen (generic Zaditor) **2.** OTC olopatadine (generic Pataday) **3.** OTC Lastacaft **4.** azelastine ophthalmic solution (generic Optivar) **5.** epinastine (generic Elestat)	N/A
Besremi prefilled syringe (ropeginterferon alfa)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** hydroxyurea **2.** Myleran **3.** Jakafi **4.** Pegasys	N/A
Betapace (sotalol)	Brand Only	sotalol (generic Betapace)	N/A	Brand Only	sotalol (generic Betapace)	N/A
Bethkis (tobramycin nebulizer soln)	Brand Only	tobramycin 300mg/4mL (generic Bethkis)	N/A	Brand Only	tobramycin 300mg/4mL (generic Bethkis)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Bexagliflozin (Authorized generic Brenzavvy)	Multisource Brand without Generic	Use Step Therapy	N/A	Multisource Brand without Generic	**BOTH of the following:** **1.** History of suboptimal response (after a **THREE** month trial), contraindication, or intolerance to metformin (generic Glucophage, Glucophage XR) **AND** **2.** History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Jardiance	N/A
Beyaz (drospirenone-ethinyl estradiol-levomefolate)	Brand and Generic	Must try **ONE** of the following: **1.** drospirenone-ethinyl estradiol (generic Yaz) IN COMBINATION WITH folic acid **2.** Yaz **IN COMBINATION WITH** folic acid	N/A	Brand and Generic	Yaz **IN COMBINATION WITH** folic acid	N/A
BiDil (isosorbide dinitrate-hydralazine)	Brand Only	isosorbide dinitrate-hydralazine (generic BiDil)	N/A	Brand Only	isosorbide dinitrate-hydralazine (generic BiDil)	N/A
Binosto (alendronate effervescent)	Single Source Brand	Must try **ALL** of the following: **1.** alendronate (generic Fosamax) **2.** ibandronate (generic Boniva) **3.** risedronate (generic Actonel)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** alendronate (generic Fosamax) **2.** ibandronate (generic Boniva) **3.** risedronate (generic Actonel)	N/A
Boniva (ibandronate)	Brand Only	ibandronate (generic Boniva)	N/A	Brand Only	ibandronate (generic Boniva)	N/A
Bonjesta (doxylamine-pyridoxine ER)	Single Source Brand	OTC doxylamine (Unisom) **IN COMBINATION WITH** pyridoxine (Vitamin B6)	N/A	Single Source Brand	OTC doxylamine (Unisom) **IN COMBINATION WITH** pyridoxine (Vitamin B6)	N/A
Bosulif (bosutinib)	N/A	N/A	N/A	Single Source Brand	Use Step Therapy	N/A
BP 10-1 (sodium sulfacetamide w/sulfur)	N/A	N/A	N/A	Generic Only	sodium sulfacetamide w/sulfur 10-5%	N/A
Braftovi (encorafenib)	N/A	N/A	N/A	Single Source Brand	Use Step Therapy	N/A
Brekiya (dihydroergotamine)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Brexafemme (ibrexafungerp)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** OTC clotrimazole (generic Gyne-Lotrimin) **2.** OTC miconazole (generic Monistat) **3.** fluconazole (generic Diflucan) **4.** terconazole (generic Terazol)	N/A
Breyna (budesonide-formoterol)	Generic Only	Mut try **ALL** of the following: **1.** Brand Symbicort **2.** Advair HFA or Diskus **3.** Breo Ellipta	N/A	Generic Only	Mut try **ALL** of the following: **1.** Brand Symbicort **2.** Advair HFA or Diskus **3.** Breo Ellipta	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Brilinta (ticagrelor)	Brand Only	ticagrelor (generic Brilinta)	N/A	Brand Only	ticagrelor (generic Brilinta)	N/A
Brimonidine 0.1% (generic Alphagan P)	Generic Only	Alphagan P	N/A	Generic Only	Alphagan P	N/A
Brimonidine-timolol (generic Combigan)	Generic Only	Brand Combigan	N/A	Generic Only	Brand Combigan	N/A
Brisdelle (paroxetine 7.5mg capsule)	Brand and Generic	Must try **ONE** of the following: **1.** estradiol (generic Estrace) **2.** paroxetine (generic Paxil) **3.** paroxetine extended-release (generic Paxil CR) **4.** Premarin	N/A	Brand and Generic	Must try **ONE** of the following: **1.** estradiol (generic Estrace) **2.** paroxetine (generic Paxil) **3.** paroxetine extended-release (generic Paxil CR)	N/A
Briviact (brivaracetam)	N/A	N/A	N/A	Single Source Brand	levetiracetam tablet **OR** oral solution (generic Keppra)	N/A
Bromsite 0.075% (bromfenac ophthalmic soln)	Brand and Generic	Must try **ALL** of the following: **1.** bromfenac ophthalmic solution (generic Bromday, Xibrom) **2.** diclofenac ophthalmic solution (generic Voltaren) **3.** ketorolac ophthalmic solution (generic Acular) **4.** Nevanac	N/A	Brand and Generic	Must try **ALL** of the following: **1.** bromfenac ophthalmic solution (generic Bromday, Xibrom) **2.** diclofenac ophthalmic solution (generic Voltaren) **3.** ketorolac ophthalmic solution (generic Acular) **4.** Nevanac	N/A
Bronchitol (mannitol)	N/A	N/A	N/A	Single Source Brand	sodium chloride 7% nebulized solution	N/A
Brovana (arformoterol nebulizer soln)	N/A	N/A	N/A	Brand Only	arformoterol nebulizer solution (generic Brovana)	N/A
Bryhali (halobetasol)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** fluocinonide 0.05% gel or solution (generic Lidex) **2.** desoximetasone 0.05% gel (generic Topicort)	N/A
Brynovin (sitagliptin oral solution)	N/A	N/A	N/A	Single Source Brand	Must try **TWO** of the following: **1.** saxagliptin (generic Onglyza **2.** Alogliptin (Nesina authorized generic) **3.** Tradjenta	N/A
Budesonide-formoterol (generic Symbicort)	Generic Only	Mut try **ALL** of the following: **1.** Brand Symbicort **2.** Advair HFA or Diskus **3.** Breo Ellipta	N/A	Generic Only	Mut try **ALL** of the following: **1.** Brand Symbicort **2.** Advair HFA or Diskus **3.** Breo Ellipta	N/A
Bupap (butalbital-acetaminophen 50-300mg)	Brand and Generic	butalbital-acetaminophen 50-325 mg (generic Phrenilin)	N/A	Brand and Generic	butalbital-acetaminophen 50-325 mg (generic Phrenilin)	N/A
Buphenyl (sodium phenylbutyrate)	Brand Only	sodium phenylbutyrate (generic Buphenyl)	N/A	Brand Only	sodium phenylbutyrate (generic Buphenyl)	N/A
Butalbital-acetaminophen 50-300 mg capsule	Generic Only	butalbital-acetaminophen 50-325mg tablet (generic Phrenilin)	N/A	Generic Only	butalbital-acetaminophen 50-325 mg tablet (generic Phrenilin)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Butrans (buprenorphine transdermal patch)	Brand Only	Use Medical Necessity or Step Therapy	N/A	Brand Only	Use Medical Necessity or Step Therapy	N/A
Bylvay (odevixibat)	N/A	N/A	N/A	Single Source Brand	Use Medical Necessity	N/A
Bystolic (nebivolol)	Brand Only	Must try **ALL** of the following: **1.** atenolol (generic Tenormin) **2.** bisoprolol (generic Zebeta) **3.** metoprolol (generic Lopressor) **4.** nebivolol (generic Bystolic)	N/A	Brand Only	Must try **ALL** of the following: **1.** atenolol (generic Tenormin) **2.** bisoprolol (generic Zebeta) **3.** metoprolol (generic Lopressor) **4.** nebivolol (generic Bystolic)	N/A
Cabtreo gel (adapalene-benzoyl peroxide-clindamycin)	Single Source Brand	Must try **ONE** of the following: **1.** OTC Differin gel **IN COMBINATION WITH** clindamycin 1.2%-benzoyl peroxide 5% (generic Duac) **OR** **2.** adapalene 0.1%-benzoyl peroxide 2.5% (generic Epiduo) **IN COMBINATION WITH** clindamycin 1% gel (generic Clindagel)	Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **ONE** of the following: **1.** OTC Differin gel **IN COMBINATION WITH** clindamycin 1.2%-benzoyl peroxide 5% (generic Duac) **OR** **2.** adapalene 0.1%-benzoyl peroxide 2.5% (generic Epiduo) **IN COMBINATION WITH** clindamycin 1% gel (generic Clindagel)	Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Caduet (amlodipine-atorvastatin)	Brand and Generic	Must try **ALL** of the following: **1.** amlodipine (generic Norvasc) **IN COMBINATION WITH** atorvastatin (generic Lipitor) **2.** amlodipine (generic Norvasc) **IN COMBINATION WITH** lovastatin (generic Mevacor) **3.** amlodipine (generic Norvasc) **IN COMBINATION WITH** pravastatin (generic Pravachol) **4.** amlodipine (generic Norvasc) **IN COMBINATION WITH** simvastatin (generic Zocor) **5.** amlodipine (generic Norvasc) **IN COMBINATION WITH** rosuvastatin (generic Crestor)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** amlodipine (generic Norvasc) **IN COMBINATION WITH** atorvastatin (generic Lipitor) **2.** amlodipine (generic Norvasc) **IN COMBINATION WITH** lovastatin (generic Mevacor) **3.** amlodipine (generic Norvasc) **IN COMBINATION WITH** pravastatin (generic Pravachol) **4.** amlodipine (generic Norvasc) **IN COMBINATION WITH** simvastatin (generic Zocor) **5.** amlodipine (generic Norvasc) **IN COMBINATION WITH** rosuvastatin (generic Crestor)	N/A
Cambia (diclofenac potassium packet)	Brand and Generic	Must try **ALL** of the following: **1.** diclofenac tablet (generic Voltaren, Cataflam) **2.** ibuprofen (generic Motrin) **3.** naproxen (generic Aleve)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** diclofenac tablet (generic Voltaren, Cataflam) **2.** ibuprofen (generic Motrin) **3.** naproxen (generic Aleve)	N/A
Canasa (mesalamine suppository)	Brand Only	mesalamine suppository (generic Canasa)	N/A	Brand Only	mesalamine suppository (generic Canasa)	N/A
Carac (fluorouracil cream)	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** fluorouracil 5% (generic Efudex) **2.** Fluoroplex 1% cream	N/A	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** fluorouracil 5% (generic Efudex) **2.** Fluoroplex 1% cream	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Carafate (sucralfate) (all dosage forms)	Brand Only	sucralfate (generic Carafate)	N/A	Brand Only	sucralfate (generic Carafate)	N/A
Carbaglu (carglumic acid)	Brand Only	carglumic acid (generic Carbaglu)	N/A	Brand Only	carglumic acid (generic Carbaglu)	N/A
Carbatrol (carbamazepine ER capsule)	N/A	N/A	N/A	Brand Only	carbamazepine (generic Carbatrol)	N/A
Carbinoxamine 6mg	Generic Only	carbinoxamine 4mg tablet (generic Palgic)	N/A	Generic Only	carbinoxamine 4mg tablet (generic Palgic)	N/A
Cardizem CD (diltiazem extended-release capsule)	Brand Only	diltiazem extended-release (generic Cardizem CD)	N/A	Brand Only	diltiazem extended-release (generic Cardizem CD)	N/A
Cardizem LA (diltiazem extended-release tablet)	Brand Only	diltiazem extended-release (generic Cardizem LA)	N/A	Brand Only	diltiazem extended-release (generic Cardizem LA)	N/A
Cardizem (diltiazem)	Brand Only	diltiazem (generic Cardizem)	N/A	Brand Only	diltiazem (generic Cardizem)	N/A
Carnitor (levocarnitine)	N/A	N/A	N/A	Brand Only	levocarnitine (generic Carnitor)	N/A
Carnitor SF (levocarnitine sugar-free oral solution)	N/A	N/A	N/A	Brand Only	levocarnitine (generic Carnitor)	N/A
Casodex (bicalutamide)	Brand Only	bicalutamide (generic Casodex)	N/A	Brand Only	bicalutamide (generic Casodex)	N/A
Cataflam (diclofenac potassium tablet)	Brand Only	diclofenac tablet (generic Cataflam, generic Voltaren)	N/A	Brand Only	diclofenac tablet (generic Cataflam, generic Voltaren)	N/A
Catapres-TTS (clonidine weekly transdermal patch)	Brand Only	clonidine patch (generic Catapres-TTS)	N/A	Brand Only	clonidine patch (generic Catapres-TTS)	N/A
Cayston (aztreonam for inhalation solution)	N/A	N/A	N/A	Single Source Brand	tobramycin 300mg/4mL (generic Bethkis)	N/A
Cefaclor (generic Ceclor)	N/A	N/A	N/A	Generic Only	Must try **ALL** of the following: **1.** cefdinir (generic Omnicef) **2.** cefprozil (generic Cefzil) **3.** cefuroxime (generic Ceftin)	N/A
Celebrex (celecoxib)	Brand Only	Must try **ALL** of the following: **1.** celecoxib (generic Celebrex) **2.** ibuprofen (generic Motrin) **3.** meloxicam (generic Mobic) **4.** naproxen (generic Naprosyn)	N/A	Brand Only	Must try **ALL** of the following: **1.** celecoxib (generic Celebrex) **2.** ibuprofen (generic Motrin) **3.** meloxicam (generic Mobic) **4.** naproxen (generic Naprosyn)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Celexa (citalopram)	Brand Only	citalopram (generic Celexa)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	citalopram (generic Celexa)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
CellCept (mycophenolate mofetil)	Brand Only	mycophenolate mofetil (generic CellCept)	N/A	Brand Only	mycophenolate mofetil (generic CellCept)	N/A
Centany AT Kit (mupirocin 2% ointment kit)	Single Source Brand	mupirocin ointment (generic Bactroban)	N/A	Single Source Brand	mupirocin ointment (generic Bactroban)	N/A
Cequa (cyclosporine PF 0.09% ophthalmic solution)	Single Source Brand	Must try **BOTH** of the following: **1.** Restasis (single use vials) **2.** Xiidra	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **BOTH** of the following: **1.** Restasis (single use vials) **2.** Xiidra	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Chenodal (chenodiol)	N/A	N/A	N/A	Single Source Brand	ursodiol 250mg **OR** 500mg (generic Actigall)	N/A
Chlorpromazine concentrate	N/A	N/A	N/A	Generic Only	chlorpromazine tablet (generic Thorazine)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Chlorzoxazone 250mg	Generic Only	chlorzoxazone 500mg (generic Parafon Forte DSC)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Generic Only	chlorzoxazone 500mg (generic Parafon Forte DSC)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Cialis (tadalafil)	Brand Only	Must try **ALL** of the following: **1.** sildenafil (generic Viagra) **2.** tadalafil (generic Cialis) **3.** vardenafil (generic Levitra)	N/A	Brand Only	Must try **ALL** of the following: **1.** sildenafil (generic Viagra) **2.** tadalafil (generic Cialis) **3.** vardenafil (generic Levitra)	N/A
Ciclopirox Kit (generic Loprox)	Generic Only	ciclopirox nail lacquer (generic Penlac)	N/A	Generic Only	ciclopirox nail lacquer (generic Penlac)	N/A
Cinryze (C1 esterase inhibitor [human])	Single Source Brand	Must try **ONE** of the following: **1.** Haegarda **2.** Takhzyro	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Haegarda **2.** Takhzyro	N/A
Ciprodex (ciprofloxacin-dexamethasone otic suspension)	Brand Only	ciprofloxacin-dexamethasone otic (generic Ciprodex)	N/A	Brand Only	ciprofloxacin-dexamethasone otic (generic Ciprodex)	N/A
Citalopram hydrobromide capsule	Single Source Brand	**BOTH of the following**: **1.** Must try citalopram (generic Celexa) **AND** **2.** Must try **TWO** of the following: **a.** escitalopram (generic Lexapro) **b.** fluoxetine (generic Prozac) **c.** paroxetine (generic Paxil) **d.** sertraline (generic Zoloft)	N/A	Single Source Brand	**BOTH of the following**: **1.** Must try citalopram (generic Celexa) **AND** **2.** Must try **TWO** of the following: **a.** escitalopram (generic Lexapro) **b.** fluoxetine (generic Prozac) **c.** paroxetine (generic Paxil) **d.** sertraline (generic Zoloft)	N/A
Clarinex (desloratadine)	Brand and Generic	levocetirizine (generic Xyzal)	N/A	Brand and Generic	levocetirizine (generic Xyzal)	N/A
Clarinex-D (desloratadine-pseudoephedrine ER)	Single Source Brand	levocetirizine (generic Xyzal) **IN COMBINATION WITH** OTC pseudoephedrine	N/A	Single Source Brand	levocetirizine (generic Xyzal) **IN COMBINATION WITH** OTC pseudoephedrine	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Claritin (loratadine) (all dosage forms)	Legend Medication (Brand and Generic)	OTC Claritin (loratadine)	N/A	Legend Medication (Brand and Generic)	OTC Claritin (loratadine)	N/A
Claritin-D (loratadine-pseudoephedrine ER)	Legend Medication (Brand and Generic)	OTC Claritin-D (loratadine-pseudoephedrine)	N/A	Legend Medication (Brand and Generic)	OTC Claritin-D (loratadine-pseudoephedrine)	N/A
Clemastine syrup (generic Tavist syrup)	Generic Only	OTC clemastine (generic Tavist)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Generic Only	OTC clemastine (generic Tavist)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Clemastine tablet	Generic Only	OTC clemastine (generic Tavist)	N/A	Generic Only	OTC clemastine (generic Tavist)	N/A
Cleocin T (clindamycin phosphate)	N/A	N/A	N/A	Brand Only	clindamycin 1% gel (generic Cleocin T)	N/A
Cleocin Vaginal Ovules (clindamycin vaginal suppository)	N/A	N/A	N/A	Single Source Brand	clindamycin vaginal cream (generic Cleocin)	N/A
Climara (estradiol transdermal weekly patch)	Brand Only	estradiol transdermal patch (generic Climara)	N/A	Brand Only	estradiol transdermal patch (generic Climara)	N/A
Clindacin pac (clindamycin 1% pledget)	Single Source Brand	Must try **ALL** of the following: **1.** clindamycin gel 1% (generic for Cleocin T) **2.** clindamycin solution **3.** clindamycin lotion	N/A	Single Source Brand	Must try **ALL** of the following: **1.** clindamycin gel 1% (generic for Cleocin T) **2.** clindamycin solution **3.** clindamycin lotion	N/A
Clindagel (clindamycin 1% gel)	Brand and Generic	Must try **ALL** of the following: **1.** clindamycin gel 1% (generic for Cleocin T) **2.** clindamycin solution **3.** clindamycin lotion	N/A	Brand and Generic	Must try **ALL** of the following: **1.** clindamycin gel 1% (generic for Cleocin T) **2.** clindamycin solution **3.** clindamycin lotion	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Clobetasol propionate 0.05% ophthalmic suspension	Single Source Brand	Must try **ONE** of the following: **1.** prednisolone (generic Pred Forte) **2.** loteprednol 0.5% ophthalmic suspension (generic Lotemax) **3.** Lotemax ointment **4.** Maxidex **5.** Vexol	N/A	Single Source Brand	Must try **ALL** of the following: **1.** prednisolone (generic Pred Forte) **2.** loteprednol 0.5% ophthalmic suspension (generic Lotemax) **3.** Lotemax ointment **4.** Maxidex **5.** Vexol	N/A
Clobex 0.05% spray (clobetasol propionate)	Brand Only	clobetasol 0.05% spray (generic Clobex spray)	N/A	Brand Only	clobetasol 0.05% spray (generic Clobex spray)	N/A
Clobex Lotion (clobetasol propionate)	Brand and Generic	Must try **ONE** of the following: **1.** clobetasol 0.05% gel (generic Temovate) **2.** clobetasol 0.05% solution (generic Temovate)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **3.** clobetasol 0.05% solution (generic Temovate)	N/A
Clobex Shampoo (clobetasol propionate)	Brand and Generic	Must try **ONE** of the following: **1.** clobetasol 0.05% gel (generic Temovate) **2.** clobetasol 0.05% solution (generic Temovate)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **3.** clobetasol 0.05% solution (generic Temovate)	N/A
Clodan Shampoo (clobetasol propionate)	Brand and Generic	Must try **ONE** of the following: **1.** clobetasol 0.05% gel (generic Temovate) **2.** clobetasol 0.05% solution (generic Temovate)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **3.** clobetasol 0.05% solution (generic Temovate)	N/A
Cloderm (clocortolone cream)	Brand Only	Use Medical Necessity or Step Therapy	N/A	Brand Only	Must try **BOTH** of the following: **1.** clocortolone 0.1% cream (generic Cloderm) **2.** mometasone furoate cream 0.1 % (generic Elocon)	N/A
Cobenfy (xanomeline-trospium) (all dosage forms)	N/A	N/A	N/A	Single Source Brand	Must try **THREE** of the following: **1.** aripiprazole (generic Abilify) **2.** olanzapine (generic Zyprexa) **3.** quetiapine (generic Seroquel) **4.** risperidone (generic Risperdal) **5.** ziprasidone (generic Geodon)	N/A
Colazal (balsalazide)	Brand Only	balsalazide (generic Colazal)	N/A	Brand Only	balsalazide (generic Colazal)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Colcrys tablet (colchicine)	Brand Only	Must try **BOTH** of the following: **1.** colchicine (generic Colcrys) **2.** Brand Mitigare **OR** colchicine capsule (generic Mitigare)	N/A	Brand Only	Must try **BOTH** of the following: **1.** colchicine (generic Colcrys) **2.** Brand Mitigare **OR** colchicine capsule (generic Mitigare)	N/A
Combivir (lamivudine-zidovudine)	N/A	N/A	N/A	Brand Only	lamivudine-zidovudine (generic Combivir)	N/A
Combogesic (ibuprofen-acetaminophen)	Single Source Brand	Must try **BOTH** of the following: **1.** OTC ibuprofen (e.g., Advil, Motrin) **2.** OTC acetaminophen (e.g., Tylenol)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** OTC ibuprofen (e.g., Advil, Motrin) **2.** OTC acetaminophen (e.g., Tylenol)	N/A
Compounding Kit	N/A	Use Prior Authorization	N/A	N/A	Use Prior Authorization	N/A
Concerta (methylphenidate extended-release)	Brand Only	methylphenidate extended-release osmotic release (generic Concerta)	N/A	Brand Only	methylphenidate extended-release osmotic release (generic Concerta)	N/A
Conjupri (levamlodipine)	Multisource Brand without Generic	amlodipine (generic Norvasc)	N/A	Multisource Brand without Generic	amlodipine (generic Norvasc)	N/A
Consensi (amlodipine-celecoxib)	Single Source Brand	amlodipine (generic Norvasc) **IN COMBINATION WITH** celocoxib (generic Celebrex)	N/A	Single Source Brand	amlodipine (generic Norvasc) **IN COMBINATION WITH** celocoxib (generic Celebrex)	N/A
ConZip (tramadol extended-release)	Multisource Brand without Generic	Must try **ALL** of the following: **1.** tramadol (generic Ultram) **2.** tramadol ER (generic Ultram ER)	N/A	Multisource Brand without Generic	Must try **ALL** of the following: **1.** tramadol (generic Ultram) **2.** tramadol ER (generic Ultram ER)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Copaxone (glatiramer)	Brand Only	**ALL of the following**: **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to glatiramir acetate (generic Copaxone, Mylan manufacturer only). Document date and duration of trial. **AND** **2.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to Glatopa. Document date and duration of trial. **AND** **3.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	N/A	Brand Only	**ALL of the following**: **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to glatiramir acetate (generic Copaxone, Mylan manufacturer only). Document date and duration of trial. **AND** **2.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to Glatopa. Document date and duration of trial. **AND** **3.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	N/A
Cordran 0.025% cream (flurandrenolide)	Single Source Brand	Must try **ONE** of the following: **1.** hydrocortisone valerate 0.2% cream (generic Westcort cream) **2.** prednicarbate 0.1% cream (generic Dermatop cream) **3.** fluticasone propionate cream 0.05% (generic Cutivate cream)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** hydrocortisone valerate 0.2% cream (generic Westcort cream) **2.** prednicarbate 0.1% cream (generic Dermatop cream) **3.** fluticasone propionate cream 0.05% (generic Cutivate cream)	N/A
Cordran Lotion (flurandrenolide)	Brand Only	Use Step Therapy	N/A	Brand Only	Must try **BOTH** of the following: **1.** flurandrenolide 0.05% lotion (generic Cordran) **2.** triamcinolone acetonide 0.1% lotion (generic Kenalog lotion)	N/A
Coreg (carvedilol)	Brand Only	carvedilol (generic Coreg)	N/A	Brand Only	carvedilol (generic Coreg)	N/A
Coreg CR (carvedilol ER)	Brand and Generic	carvedilol (generic for Coreg)	N/A	Brand and Generic	carvedilol (generic for Coreg)	N/A
Cortisone tablet (cortisone acetate)	Single Source Brand	hydrocortisone (generic Cortef)	N/A	Single Source Brand	hydrocortisone (generic Cortef)	N/A
Cortrophin (corticotropin)	N/A	N/A	N/A	Single Source Brand	Use Medical Necessity or Step Therapy	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Cosopt PF (dorzolamide-timolol ophthalmic solution)	Brand and Generic	dorzolamide-timolol (generic Cosopt)	N/A	Brand and Generic	dorzolamide-timolol (generic for Cosopt)	N/A
Cotempla XR-ODT (methylphenidate extended-release orally disintegrating tablet)	Single Source Brand	Must try **TWO** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) capsule or chewable tablet **4.** methylphenidate extended-release (Metadate CD, Ritalin LA)	N/A	Single Source Brand	Must try **ALL** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Coxanto (oxaprozin)	Multisource Brand without Generic	**BOTH of the following:** **1.** Must try oxaprozin tablet **AND** **2.** Must try **TWO** of the following: **a.** diclofenac **b.** flurbiprofen **c.** ibuprofen (prescription strength) **d.** naproxen (prescription strength)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Multisource Brand without Generic	Must try **ALL** of the following: **1.** diclofenac **2.** flurbiprofen **3.** ibuprofen (prescription strength) **4.** naproxen (prescription strength) **5.** oxaprozin tablet	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Cozaar (losartan)	Brand Only	losartan (generic Cozaar)	N/A	Brand Only	losartan (generic Cozaar)	N/A
Cresemba (isavuconazonium sulfate)	N/A	N/A	N/A	Single Source Brand	voriconazole (generic Vfend)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Crestor (rosuvastatin)	Brand only	Must try **ALL** of the following: **1.** atorvastatin (generic Lipitor), **2.** lovastatin (generic Mevacor), **3.** pravastatin (generic Pravachol), **4.** simvastatin (generic Zocor), **5.** rosuvastatin (generic Crestor)	N/A	Brand Only	Must try **ALL** of the following: **1.** atorvastatin (generic Lipitor), **2.** lovastatin (generic Mevacor), **3.** pravastatin (generic Pravachol), **4.** simvastatin (generic Zocor), **5.** rosuvastatin (generic Crestor)	N/A
Cuprimine (penicillamine)	Brand and Generic	penicillamine titratab (generic Depen)	N/A	Brand and Generic	penicillamine titratab (generic Depen)	N/A
Cuvrior (trientine)	Single Source Brand	trientine (generic Syprine)	N/A	Single Source Brand	trientine (generic Syprine)	N/A
Cycloset (bromocriptine)	N/A	N/A	N/A	Single Source Brand	Must try **ONE** of the following: **1.** bromocriptine (generic Parlodel) **2.** metformin (generic Glucophage) **3.** one GLP-1 product **4.** one SGLT-2 product **5.** one DPP-4 product	N/A
Cyclosporine 0.05% ophthalmic emulsion (generic Restasis single-use vial)	Generic Only	Must try **BOTH** of the following: **1.** Restasis single use vials **2.** Xiidra	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Generic Only	Must try **BOTH** of the following: **1.** Restasis single use vials **2.** Xiidra	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Cyltezo (adalimumab-adbm)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Cymbalta (duloxetine)	Brand Only	Must try **BOTH** of the following: **1.** duloxetine (generic Cymbalta) **2.** venlafaxine ER (generic Effexor XR)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **BOTH** of the following: **1.** duloxetine (generic Cymbalta) **2.** venlafaxine ER (generic Effexor XR)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Cytomel (liothyronine)	Brand Only	liothyronine (generic Cytomel)	N/A	Brand Only	liothyronine (generic Cytomel)	N/A
Daliresp (roflumilast)	Brand Only	roflumilast (generic Daliresp)	N/A	Brand Only	roflumilast (generic Daliresp)	N/A
Danziten (nilotinib)	Single Source Brand	nilotinib (generic Tasigna)	N/A	Single Source Brand	nilotinib (generic Tasigna)	N/A
Darifenacin extended-release (generic Enablex)	Generic Only	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c.** trospium (generic Sanctura)	N/A	Generic Only	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c.** trospium (generic Sanctura)	N/A
Dartisla ODT (glycopyrrolate orally-disintegrating tablet)	Single Source Brand	glycopyrrolate tablet (generic Robinul)	N/A	Single Source Brand	glycopyrrolate tablet (generic Robinul)	N/A
Davimet with Fluoride (pediatric chewable multivitamin with fluoride)	Single Source Brand	generic pediatric multivitamin with fluoride	N/A	Single Source Brand	generic pediatric multivitamin with fluoride	N/A
Dawnzera (donidalorsen)	Single Source Brand	Must try **ALL** of the following: **1.** Andembry **2.** Haegarda **3.** Takhzyro	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Andembry **2.** Haegarda **3.** Takhzyro	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Daytrana (methylphenidate transdermal patch)	Brand and Generic	Must try **TWO** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) capsule or chewable tablet **4.** methylphenidate extended-release (Metadate CD, Ritalin LA)	N/A	Brand and Generic	Must try **ALL** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Dayvigo (lemborexant)	Single Source Brand	**BOTH of the following:** **1.** Must try Belsomra **AND** **2.** Must try **TWO** of the following: **a.** zolpidem (generic Ambien) **b.** zaleplon (generic Sonata) **c.** eszopiclone (generic Lunesta)	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try Belsomra **AND** **2.** Must try **TWO** of the following: **a.** zolpidem (generic Ambien) **b.** zaleplon (generic Sonata) **c.** eszopiclone (generic Lunesta)	N/A
DDAVP injection (desmopressin)	Brand Only	desmopressin (generic DDAVP)	N/A	Brand Only	desmopressin (generic DDAVP)	N/A
DDAVP tablet (desmopressin)	Brand Only	desmopressin (generic DDAVP)	N/A	Brand Only	desmopressin (generic DDAVP)	N/A
Delzicol (mesalamine delayed-release capsule)	Brand Only	**ALL of the following:** **1.** Must try mesalamine delayed-release (generic Delzicol) **2.** Must try **ONE** of the following: **a.** mesalamine delayed-release (generic Lialda) **b.** Apriso	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **ALL** of the following: **1.** mesalamine delayed-release (generic Delzicol) **2.** mesalamine delayed-release (generic Lialda) **3.** Apriso	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Denavir (penciclovir cream)	Brand and Generic	Must try **TWO** of the following: **1.** acyclovir capsule or tablet (generic Zovirax) **2.** famciclovir tablet (generic Famvir) **3.** valacyclovir tablet (generic Valtrex) **4.** OTC Abreva	N/A	Brand and Generic	Must try **ALL** of the following: **1.** acyclovir capsule or tablet (generic Zovirax) **2.** famciclovir tablet (generic Famvir) **3.** valacyclovir tablet (generic Valtrex) **4.** OTC Abreva	N/A
Desmoda (desmopressin oral solution)	N/A	N/A	N/A	Single Source Brand	desmopressin tablet (generic DDAVP)	N/A
Desoxyn (methamphetamine)	Brand Only	methamphetamine (generic Desoxyn)	N/A	Brand Only	methamphetamine (generic Desoxyn)	N/A
Desvenlafaxine ER	Single Source Brand	Must try **BOTH** of the following: **1.** venlafaxine extended-release capsule (generic Effexor XR) **2.** desvenlafaxine succinate ER (generic Pristiq)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** venlafaxine extended-release capsule (generic Effexor XR) **2.** desvenlafaxine succinate ER (generic Pristiq)	N/A
Detrol (tolterodine)	Brand Only	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** trospium (generic Sanctura) **c.** tolterodine (generic Detrol)	N/A	Brand Only	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** trospium (generic Sanctura) **c.** tolterodine (generic Detrol)	N/A
Detrol LA (tolterodine extended-release)	Brand and Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** trospium (generic Sanctura) **c.** tolterodine (generic Detrol)	N/A	Brand and Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** trospium (generic Sanctura) **c.** tolterodine (generic Detrol)	N/A
Dexedrine (dextroamphetamine extended-release)	Brand Only	dextroamphetamine extended-release (generic Dexedrine)	N/A	Brand Only	dextroamphetamine extended-release (generic Dexedrine)	N/A
Dexilant (dexlansoprazole delayed-release)	Brand and Generic	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole (generic Protonix) **3.** rabeprazole (generic Aciphex)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole (generic Protonix) **3.** rabeprazole (generic Aciphex)	N/A
Dhivy (carbidopa-levodopa)	Single Source Brand	carbidopa-levodopa (generic Sinemet)	N/A	Single Source Brand	carbidopa-levodopa (generic Sinemet)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Diacomit (stiripentol)	N/A	N/A	N/A	Single Source Brand	clobazam (generic Onfi)	N/A
Dibenzyline (phenoxybenzamine)	Brand Only	phenoxybenzamine (generic Dibenzyline)	N/A	Brand Only	phenoxybenzamine (generic Dibenzyline)	N/A
Diclegis (doxylamine-pyridoxine delayed-release)	Brand and Generic	OTC doxylamine (Unisom) **IN COMBINATION WITH** pyridoxine (Vitamin B6)	N/A	Brand and Generic	OTC doxylamine (Unisom) **IN COMBINATION WITH** pyridoxine (Vitamin B6)	N/A
Diclofenac sodium 1.5% topical solution (generic Pennsaid)	Generic Only	OTC Voltaren gel	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Generic Only	OTC Voltaren gel	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Dicyclomine 40mg tablet	Generic Only	Take two dicyclomine hydrochloride 20mg (generic Bentyl) tablets	N/A	Generic Only	Take two dicyclomine hydrochloride 20mg (generic Bentyl) tablets	N/A

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Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Differin (adapalene) (all dosage forms)	Brand and Generic	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Diflorasone 0.05% ointment (generic Psorcon)	Generic Only	Must try **BOTH** of the following: **1.** clobetasol 0.05% ointment (generic Temovate) **2.** halobetasol 0.05% ointment (generic Ultravate)	N/A	Generic Only	Must try **BOTH** of the following: **1.** clobetasol 0.05% ointment (generic Temovate) **2.** halobetasol 0.05% ointment (generic Ultravate)	N/A
Diflucan (fluconazole) (tablet and oral suspension)	Brand Only	fluconazole (generic Diflucan)	N/A	Brand Only	fluconazole (generic Diflucan)	N/A
Dilaudid (hydromorphone)	Brand Only	hydromorphone (generic Dilaudid)	N/A	Brand Only	hydromorphone (generic Dilaudid)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Diovan (valsartan)	Brand Only	**BOTH of the following:** **1.** Must try valsartan (generic Diovan) **AND** **2.** Must try **ONE** of the following: **a.** losartan (generic Cozaar) **b.** telmisartan (generic Micardis) **c.** irbesartan (generic Avapro)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **ALL** of the following: **1.** candesartan (generic Atacand) **2.** irbesartan (generic Avapro) **3.** losartan (generic Cozaar) **4.** telmisartan (generic Micardis) **5.** valsartan (generic Diovan)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Diovan HCT (valsartan-hydrochlorothiazide)	Brand Only	**BOTH of the following**: **1.** Must try valsartan-hydrochlorothiazide (generic Diovan HCT) **AND** **2.** Must try **ONE** of the following: **a.** losartan-hydrochlorothiazide (generic Hyzaar) **b.** telmisartan-hydrochlorothiazide (generic Micardis HCT) **c.** irbesartan-hydrochlorothiazide (generic Avalide)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **ALL** of the following: **1.** valsartan-hydrochlorothiazide (generic Diovan HCT) **2.** losartan-hydrochlorothiazide (generic Hyzaar) **3.** telmisartan-hydrochlorothiazide (generic Micardis HCT) **4.** irbesartan-hydrochlorothiazide (generic Avalide)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Dipentum (olsalazine)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** sulfasalazine (generic Azulfidine) **2.** balsalazide (generic Colzal) **3.** mesalamine delayed-release (generic Delzicol, generic Lialda) **4.** Brand Apriso	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Ditropan XL (oxybutynin extended-release)	Brand Only	oxybutynin extended-release (generic Ditropan XL)	N/A	Brand Only	oxybutynin extended-release (generic Ditropan XL)	N/A
Dolobid 250mg or 375mg tablet (diflunisal)	Single Source Brand	**BOTH of the following:** **1.** Must try diflunisal (generic Dolobid) **AND** **2.** Must try **THREE** of the following: **a.** diclofenac (generic Cataflam, Voltaren) **b.** flurbiprofen (generic Ansaid) **c.** ibuprofen (generic Motrin) **d.** naproxen tablet (generic Naprosyn, generic Anaprox DS) **e.** OTC ibuprofen (Advil, Motrin) f. OTC naproxen (Aleve)	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try diflunisal (generic Dolobid) **AND** **2.** Must try **THREE** of the following: **a.** diclofenac (generic Cataflam, Voltaren) **b.** flurbiprofen (generic Ansaid) **c.** ibuprofen (generic Motrin) **d.** naproxen tablet (generic Naprosyn, generic Anaprox DS) **e.** OTC ibuprofen (Advil, Motrin) f. OTC naproxen (Aleve)	N/A
Doral (quazepam)	Brand and Generic	temazepam (generic Restoril)	N/A	Brand and Generic	temazepam (generic Restoril)	N/A
Doryx (doxycycline hyclate delayed-release)	Brand and Generic	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Morgidox, Vibramycin) **2.** doxycycline monohydrate 50mg **OR** 100mg (generic Monodox)	N/A	Brand and Generic	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Morgidox, Vibramycin) **2.** doxycycline monohydrate 50mg or 100mg (generic Monodox)	N/A
Doryx MPC (doxycycline hyclate delayed-release)	Single Source Brand	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Morgidox, Vibramycin) **2.** doxycycline monohydrate 50mg **OR** 100mg (generic Monodox)	N/A	Single Source Brand	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Morgidox, Vibramycin) **2.** doxycycline monohydrate 50mg or 100mg (generic Monodox)	N/A
Doxycycline monohydrate (generic Adoxa)	Generic Only	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Morgidox, Vibramycin) **2.** doxycycline monohydrate 50mg **OR** 100mg (generic Monodox)	N/A	Generic Only	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Morgidox, Vibramycin) **2.** doxycycline monohydrate 50mg or 100mg (generic Monodox)	N/A
Doxycycline monohydrate 75mg capsule (generic Monodox)	Generic Only	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Morgidox, Vibramycin) **2.** doxycycline monohydrate 50mg or 100mg (generic Monodox)	N/A	Generic Only	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Morgidox, Vibramycin) **2.** doxycycline monohydrate 50mg or 100mg (generic Monodox)	N/A
Drospirenone-ethinyl estradiol 3mg-20mcg [Gianvi, Loryna, Nikki, Vestura (generic Yaz)]	N/A	N/A	N/A	Generic Only	Yaz	N/A
Drospirenone-ethinyl estradiol 3mg-30mcg [Ocella, Syeda, Zarah (generic Yasmin)]	N/A	N/A	N/A	Generic Only	Yasmin	N/A

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Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Duaklir Pressair (aclidinium-formoterol)	Single Source Brand	Must try **BOTH** of the following: **1.** Anoro Ellipta **2.** Bevespi Aerosphere	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Anoro Ellipta **2.** Bevespi Aerosphere	N/A
Duexis (ibuprofen-famotidine)	Brand and Generic	ibuprofen (generic Motrin) **IN COMBINATION WITH** OTC famotidine (generic Pepcid AC)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	ibuprofen (generic Motrin) **IN COMBINATION WITH** OTC famotidine (generic Pepcid AC)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Dulera (mometasone-formoterol)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** fluticasone propionate-salmeterol (generic Advair Diskus) **b.** fluticasone propionate-salmeterol (generic AirDuo RespiClick) **c.** Advair HFA **AND** **2.** Must try **BOTH** of the following: **a.** Breo Ellipta **b.** Brand Symbicort	N/A
Duloxetine 40mg (generic Irenka)	Generic Only	duloxetine (generic Cymbalta)	N/A	Generic Only	duloxetine (generic Cymbalta)	N/A
Duobrii (halobetasol-tazarotene)	Single Source Brand	Must try **ALL** of the following: **1.** Enstilar **2.** [Taclonex solution OR Tazorac] **IN COMBINATION WITH** fluocinonide 0.05% gel/solution (generic Lidex) **3.** desoximetasone 0.5% gel (generic Topicort)	N/A	Single Source Brand	Must try **ALL** of the following: 1. Enstilar 2. Taclonex solution **IN COMBINATION WITH** fluocinonide 0.05% gel/solution (generic Lidex) 3. desoximetasone 0.5% gel (generic Topicort)	N/A

Effective Date: 11/13/2026						
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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Durezol (difluprednate ophthalmic emulsion)	Brand Only	difluprednate (generic Durezol)	N/A	Brand Only	difluprednate (generic Durezol)	N/A
Duvyzat (givinostat oral suspension)	N/A	N/A	N/A	Single Source Brand	Use Medical Necessity	N/A
Dxevo 11-Day Dose Pack (dexamethasone therapy pack)	Multisource Brand without Generic	dexamethasone tablet	N/A	Multisource Brand without Generic	dexamethasone tablet	N/A
Dyanavel XR (amphetamine extended-release)	Single Source Brand	Must try **TWO** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) capsule or chewable tablet **4.** methylphenidate extended-release (Metadate CD, Ritalin LA)	N/A	Single Source Brand	Must try **ALL** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Dymista (azelastine-fluticasone nasal spray)	Brand and Generic	fluticasone (generic for Flonase) **IN COMBINATION WITH** azelastine (generic for Astelin)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	fluticasone (generic for Flonase) **IN COMBINATION WITH** azelastine (generic for Astelin)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Dyrenium (triamterene)	Brand Only	triamterene (generic Dyrenium)	N/A	Brand Only	triamterene (generic Dyrenium)	N/A
E.E.S. 400 (erythromycin ethylsuccinate)	Single Source Brand	erythromycin ethylsuccinate (generic E.E.S. 400)	N/A	Single Source Brand	erythromycin ethylsuccinate (generic E.E.S. 400)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Ecoza (econazole foam)	Multisource Brand without Generic	Must try **TWO** of the following: **1.** econazole (generic Spectazole) **2.** ketoconazole (generic Nizoral) **3.** terbinafine (generic Lamisil)	N/A	Multisource Brand without Generic	Must try **ALL** of the following: **1.** econazole (generic Spectazole) **2.** ketoconazole (generic Nizoral) **3.** terbinafine (generic Lamisil)	N/A
Edarbi (azilsartan)	Brand and Generic	Must try **THREE** of the following: **1.** candesartan (generic Atacand) **2.** irbesartan (generic Avapro) **3.** losartan (generic Cozaar) **4.** olmesartan (generic Benicar) **5.** telmisartan (generic Micardis) **6.** valsartan (generic Diovan)	N/A	Brand and Generic	Must try **THREE** of the following: **1.** candesartan (generic Atacand) **2.** irbesartan (generic Avapro) **3.** losartan (generic Cozaar) **4.** olmesartan (generic Benicar) **5.** telmisartan (generic Micardis) **6.** valsartan (generic Diovan)	N/A
Edarbyclor (azilsartan-chlorthalidone)	Single Source Brand	Must try **THREE** of the following: **1.** candesartan-hydrochlorothiazide (generic Atacand HCT) **2.** irbesartan-hydrochlorothiazide (generic Avalide) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** olmesartan-hydrochlorothiazide (Benicar HCT) **5.** valsartan-hydrochlorothiazide (generic Diovan HCT)	N/A	Single Source Brand	Must try **THREE** of the following: **1.** candesartan-hydrochlorothiazide (generic Atacand HCT) **2.** irbesartan-hydrochlorothiazide (generic Avalide) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** olmesartan-hydrochlorothiazide (Benicar HCT) **5.** valsartan-hydrochlorothiazide (generic Diovan HCT)	N/A
Edecrin (ethacrynic acid)	Brand Only	ethacrynic acid (generic Edecrin)	N/A	Brand Only	ethacrynic acid (generic Edecrin)	N/A
Edluar (zolpidem sublingual)	Single Source Brand	Must try a **two week trial** each of **TWO** of the following: **1.** zolpidem (generic Ambien) **2.** zaleplon (generic Sonata) **3.** eszopiclone (generic Lunesta)	N/A	Single Source Brand	Must try a **two week trial** each of **ALL** of the following: **1.** zolpidem (generic Ambien) **2.** zaleplon (generic Sonata) **3.** eszopiclone (generic Lunesta)	N/A

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Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Effexor XR (venlafaxine extended-release)	Brand Only	venlafaxine extended-release (generic Effexor XR)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	venlafaxine extended-release (generic Effexor XR)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Effient (prasugrel)	Brand Only	prasugrel (generic Effient)	N/A	Brand Only	prasugrel (generic Effient)	N/A
Egrifta SV (tesamorelin)	N/A	N/A	N/A	Single Source Brand	Use Prior Authorization	N/A
Ekterly (sebetralstat)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Must try **TWO** of the following: **1.** icatibant (generic Firazyr) **2.** Berinert **3.** Ruconest	N/A
Elepsia XR (levetiracetam extended-release)	Single Source Brand	levetiracetam (generic Keppra)	N/A	Single Source Brand	levetiracetam (generic Keppra)	N/A
Elidel (pimecrolimus cream)	Brand Only	Must try **BOTH** of the following: **1.** pimecrolimus (generic Elidel) **2.** tacrolimus (generic Protopic)	N/A	Brand Only	Must try **BOTH** of the following: **1.** pimecrolimus (generic Elidel) **2.** tacrolimus (generic Protopic)	N/A
Elmiron (pentosan)	N/A	N/A	N/A	Single Source Brand	amitriptyline (generic Elavil) **Maryland only:** Approve for FDA approved indication(s). All other indications must try amitriptyline (generic Elavil).	N/A
Elyxyb (celecoxib oral solution)	Single Source Brand	Must try **ALL** of the following: **1.** celecoxib capsule (generic Celebrex) **2.** OTC ibuprofen (generic Motrin) **3.** OTC naproxen (generic Naprosyn)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** celecoxib capsule (generic Celebrex) **2.** OTC ibuprofen (generic Motrin) **3.** OTC naproxen (generic Naprosyn)	N/A
Emend capsule (aprepitant)	Brand Only	aprepitant capsule (generic Emend)	N/A	Brand Only	aprepitant capsule (generic Emend)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Emflaza (deflazacort)	Brand and Generic	Use Medical Necessity	N/A	Brand and Generic	Use Medical Necessity	N/A
Emrosi (minocycline micronized extended-release)	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** minocycline immediate-release capsule (generic Minocin) **b.** minocycline extended-release (generic Solodyn) **AND** **2.** Must try **ONE** of the following: **a.** doxycycline hyclate (generic Vibramycin) **b.** doxycycline monohydrate 50mg **or** 100mg (generic Monodox)	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** minocycline immediate-release capsule (generic Minocin) **b.** minocycline extended-release (generic Solodyn) **AND** **2.** Must try **ONE** of the following: **a.** doxycycline hyclate (generic Vibramycin) **b.** doxycycline monohydrate 50mg **or** 100mg (generic Monodox)	N/A
Emsam (selegiline transdermal patch)	N/A	N/A	N/A	Single Source Brand	**One of the following (diagnosis-specific):** **1. Treatment-resistant depression:** **a.** Marplan **b.** phenelzine (generic Nardil) **c.** tranylcypromine (generic Parnate) **d.** citalopram (generic Celexa) **e.** fluoxetine (generic Prozac) **f.** sertraline (generic Zoloft) **g.** venlafaxine ER capsule (generic Effexor ER) **OR** **2. All other indications**: selegiline (generic Eldepryl)	N/A
Emtriva capsule (emtricitabine)	N/A	N/A	N/A	Brand Only	emtricitabine (generic Emtriva)	N/A
Endometrin (progesterone vaginal insert)	N/A	N/A	N/A	Single Source Brand	progesterone capsule	N/A
Enspryng (satralizumab)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** azathioprine **2.** dexamethasone **3.** prednisone	N/A
Entadfi (finasteride-tadalafil)	Single Source Brand	finasteride (generic Proscar) **IN COMBINATION WITH** tadalafil (generic Cialis)	N/A	Single Source Brand	finasteride (generic Proscar) **IN COMBINATION WITH** tadalafil (generic Cialis)	N/A
Entresto tablet (sacubitril-valsartan)	Brand Only	sacubitril-valsartan (generic Entresto)	N/A	Brand Only	sacubitril-valsartan (generic Entresto)	N/A
Envarsus XR (tacrolimus extended-release)	Single Source Brand	Use Non-Formulary	N/A	Single Source Brand	Use Non-Formulary	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Epiduo (adapalene-benzoyl peroxide)	Brand Only	**BOTH of the following:** **1.** Must try adapalene 0.1%-benzoyl peroxide 2.5% **AND** **2.** Must try **ONE** of the following: **a.** OTC benzoyl peroxide **IN COMBINATION WITH** OTC Differin Gel **b.** OTC benzoyl peroxide **IN COMBINATION WITH** tretinoin cream (generic Retin-A)	N/A	Brand Only	**BOTH of the following:** **1.** Must try adapalene 0.1%-benzoyl peroxide 2.5% **AND** **2.** Must try **ONE** of the following: **a.** OTC benzoyl peroxide **IN COMBINATION WITH** OTC Differin Gel **b.** OTC benzoyl peroxide **IN COMBINATION WITH** tretinoin cream (generic Retin-A)	N/A
Epiduo Forte (adapalene-benzoyl peroxide)	Brand and Generic	**BOTH of the following:** **1.** Must try adapalene 0.1%-benzoyl peroxide 2.5% **AND** **2.** Must try **ONE** of the following: **a.** OTC benzoyl peroxide **IN COMBINATION WITH** OTC Differin Gel **b.** OTC benzoyl peroxide **IN COMBINATION WITH** tretinoin cream (generic Retin-A)	N/A	Brand and Generic	**BOTH of the following:** **1.** Must try adapalene 0.1%-benzoyl peroxide 2.5% **AND** **2.** Must try **ONE** of the following: **a.** OTC benzoyl peroxide **IN COMBINATION WITH** OTC Differin Gel **b.** OTC benzoyl peroxide **IN COMBINATION WITH** tretinoin cream (generic Retin-A)	N/A
EpiPen (epinephrine auto-injector)	Brand Only	Must try **BOTH** of the following: **1.** epinephrine auto-injector (generic EpiPen/EpiPen Jr) **2.** Auvi-Q	N/A	Brand Only	Must try **BOTH** of the following: **1.** epinephrine auto-injector (generic EpiPen/EpiPen Jr) **2.** Auvi-Q	N/A
EpiPen Jr (epinephrine auto-injector)	Brand Only	Must try **BOTH** of the following: **1.** epinephrine auto-injector (generic EpiPen/EpiPen Jr) **2.** Auvi-Q	N/A	Brand Only	Must try **BOTH** of the following: **1.** epinephrine auto-injector (generic EpiPen/EpiPen Jr) **2.** Auvi-Q	N/A
Epivir (lamivudine)	N/A	N/A	N/A	Brand Only	lamivudine (generic Epivir)	N/A
Epivir HBV (lamivudine)	N/A	N/A	N/A	Brand Only	lamivudine (generic Epivir HBV)	N/A
Epogen (epoetin alfa)	Single Source Brand	Retacrit	N/A	Single Source Brand	Retacrit	N/A
Eprontia (topiramate oral solution)	Single Source Brand	Must try **ONE** of the following: **1.** topiramate immediate-release (generic Topamax) **2.** topiramate sprinkle (generic Topamax Sprinkle)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** topiramate immediate-release (generic Topamax) **2.** topiramate sprinkle (generic Topamax Sprinkle)	N/A
Epsolay (benzoyl peroxide cream)	Single Source Brand	Soolantra	N/A	Single Source Brand	Soolantra	N/A
Epzicom (abacavir-lamivudine)	Brand Only	abacavir-lamivudine (generic Epzicom)	N/A	Brand Only	abacavir-lamivudine (generic Epzicom)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Equetro (carbamazepine extended-release capsule)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** carbamazepine (generic Tegretol) **2.** carbamazepine extended-release (generic Carbatrol, generic Tegretol XR)	N/A
Ergomar (ergotamine sublingual)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** naratriptan (generic Amerge) **2.** rizatriptan (generic Maxalt/Maxalt MLT) **3.** sumatriptan (generic Imitrex) **4.** zolmitriptan (generic Zomig/Zomig-ZMT)	N/A
Ertaczo (sertaconazole cream)	Multisource Brand without Generic	Must try **TWO** of the following: **1.** ciclopirox (generic Loprox), **2.** econazole (generic Spectazole), **3.** ketoconazole (generic Nizoral)	N/A	Multisource Brand without Generic	Must try **ALL** of the following: **1.** ciclopirox (generic Loprox), **2.** econazole (generic Spectazole), **3.** ketoconazole (generic Nizoral)	N/A
Esbriet (pirfenidone)	Brand Only	pirfenidone (generic Esbriet)	N/A	Brand Only	pirfenidone (generic Esbriet)	N/A
Escitalopram 15mg capsule	Single Source Brand	Must try **BOTH** of the following: **1.** citalopram (generic Celexa) **2.** escitalopram (generic Lexapro)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** citalopram (generic Celexa) **2.** escitalopram (generic Lexapro)	N/A
Esperoct (antihemophilic factor [recombinant], glycopegylated-exei)	Single Source Brand	Must try **THREE** of the following: **1.** Afstyla **2.** Adynovate **3.** Eloctate **4.** Altuviiio	N/A	Single Source Brand	Must try **THREE** of the following: **1.** Afstyla **2.** Adynovate **3.** Eloctate **4.** Altuviiio	N/A
Estrace tablet (estradiol)	Brand Only	estradiol tablet (generic Estrace)	N/A	Brand Only	estradiol tablet (generic Estrace)	N/A
Estrace vaginal cream (estradiol)	Brand Only	estradiol vaginal cream (generic Estrace vaginal cream)	N/A	Brand Only	estradiol vaginal cream (generic Estrace vaginal cream)	N/A
EstroGel (estradiol)	Brand Only	estradiol vaginal gel (generic EstroGel)	N/A	Brand Only	estradiol vaginal gel (generic EstroGel)	N/A
Estrostep Fe (norethindrone-ethinyl estradiol-ferrous fumarate)	Brand Only	norethindrone-ethinyl estradiol 1mg/20mcg-1mg/30mcg-1mg/35mcg/75mg [Tilia FE, Tri-Legest FE (generic Estrostep Fe)]	N/A	Brand Only	norethindrone-ethinyl estradiol 1mg/20mcg-1mg/30mcg-1mg/35mcg/75mg [Tilia FE, Tri-Legest FE (generic Estrostep Fe)]	N/A
Eulexin (flutamide)	Single Source Brand	bicalutamide (generic Casodex)	N/A	Single Source Brand	bicalutamide (generic Casodex)	N/A
Evekeo (amphetamine)	Brand Only	Must try **ALL** of the following: **1.** amphetamine-dextroamphetamine immediate-release (generic Adderall) **2.** dextroamphetamine extended-release (generic Dexedrine)	N/A	Brand Only	Must try **ALL** of the following: **1.** amphetamine-dextroamphetamine immediate-release (generic Adderall) **2.** dextroamphetamine extended-release (generic Dexedrine)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Evesse (hydrocortisone butyrate)	Generic Only	hydrocortisone butyrate (generic Locoid) cream **OR** ointment **OR** solution	N/A	Generic Only	hydrocortisone butyrate (generic Locoid) cream **OR** ointment **OR** solution	N/A
Evista (raloxifene)	Brand Only	raloxifene (generic Evista)	N/A	Brand Only	raloxifene (generic Evista)	N/A
Evoclin (clindamycin phosphate foam)	N/A	N/A	N/A	Brand Only	Must try **BOTH** of the following: **1.** clindamycin phosphate 1% gel (generic Cleocin T) **2.** clindamycin phosphate 1% foam (generic Evoclin)	N/A
Evoxac (cevimeline)	Brand Only	cevimeline (generic Evoxac)	N/A	Brand Only	cevimeline (generic Evoxac)	N/A
Exelon (rivastigmine transdermal patch)	Brand Only	Must try **BOTH** of the following: **1.** rivastigmine transdermal patch (generic Exelon) **2.** rivastigmine capsule (generic Exelon)	N/A	Brand Only	Must try **BOTH** of the following: **1.** rivastigmine transdermal patch (generic Exelon) **2.** rivastigmine capsule (generic Exelon)	N/A
Exforge (amlodipine-valsartan)	Brand Only	Must try **FIVE** of the following: **1.** amlodipine-valsartan (generic Exforge) **2.** amlodipine (generic Norvasc) **IN COMBINATION WITH** losartan (generic Cozaar) **3.** amlodipine (generic Norvasc) **IN COMBINATION WITH** irbesartan (generic Avapro) **4.** amlodipine (generic Norvasc) **IN COMBINATION WITH** telmisartan (generic Micardis) **5.** amlodipine (generic Norvasc) **IN COMBINATION WITH** candesartan (generic Atacand) **6.** amlodipine (generic Norvasc) **IN COMBINATION WITH** valsartan (generic Diovan)	N/A	Brand Only	Must try **FIVE** of the following: **1.** amlodipine-valsartan (generic Exforge) **2.** amlodipine (generic Norvasc) **IN COMBINATION WITH** losartan (generic Cozaar) **3.** amlodipine (generic Norvasc) **IN COMBINATION WITH** irbesartan (generic Avapro) **4.** amlodipine (generic Norvasc) **IN COMBINATION WITH** telmisartan (generic Micardis) **5.** amlodipine (generic Norvasc) **IN COMBINATION WITH** candesartan (generic Atacand) **6.** amlodipine (generic Norvasc) **IN COMBINATION WITH** valsartan (generic Diovan)	N/A
Exjade (deferasirox tablet for suspension)	Brand Only	deferasirox (generic Exjade)	N/A	Brand Only	deferasirox (generic Exjade)	N/A
Exservan (riluzole oral film)	Single Source Brand	riluzole tablet (generic Rilutek)	N/A	Single Source Brand	riluzole tablet (generic Rilutek)	N/A
Extavia (interferon beta-1b)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Exxua (gepirone extended-release)	N/A	N/A	N/A	Single Source Brand	Must try any formulation of **THREE** of the following: **1.** bupropion (generic Wellbutrin) **2.** citalopram (generic Celexa) **3.** duloxetine (generic Cymbalta) **4.** escitalopram (generic Lexapro) **5.** fluoxetine (generic Prozac) **6.** fluvoxamine (generic Luvox) **7.** paroxetine (generic Paxil) **8.** sertraline (generic Zoloft) **9.** venlafaxine immediate-release or extended-release capsule (generic Effexor, Effexor XR)	N/A
Fabior (tazarotene foam)	Single Source Brand	Must try **BOTH** of the following: **1.** tretinoin cream (generic Retin-A) **2.** OTC Differin 0.1% gel	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** tretinoin cream (generic Retin-A) **2.** OTC Differin 0.1% gel	N/A
Fanapt (iloperidone)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** olanzapine (generic Zyprexa) **2.** quetiapine (generic Seroquel) **3.** risperidone (generic Risperdal) **4.** ziprasidone (generic Geodon) **5.** aripiprazole tablet (generic Abilify)	N/A
Fareston (toremifene)	Brand Only	toremifene (generic Fareston)	N/A	Brand Only	toremifene (generic Fareston)	N/A
Farxiga (dapagliflozin)	Brand and Generic	History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Jardiance	N/A	Brand and Generic	History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Jardiance	N/A
Femara (letrozole)	Brand Only	letrozole (generic Femara)	N/A	Brand Only	letrozole (generic Femara)	N/A
Femlyv (norethindrone acetate-ethinyl estradiol orally-disintegrating tablet)	Single Source Brand	norethindrone-ethinyl estradiol 1mg-20mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)]	N/A	Single Source Brand	norethindrone-ethinyl estradiol 1mg-20mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)]	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Fenofibrate 30mg micronized capsule	Multisource Brand Without Generic	Must try **ONE** of the following: **1**. fenofibrate 48mg, 54mg, 145mg, 160mg tablet (generic Lofibra, Tricor, Triglide); **OR** **2.** fenofibrate micronized capsule 43mg, 130mg (generic Antara); **OR** **3.** fenofibrate micronized capsule 67mg, 134mg, 200mg (generic Lofibra, Tricor)	N/A	Multisource Brand without Generic	Must try **ALL** of the following: **1.** Must try **ONE** of the following: fenofibrate 48mg, 54mg, 145mg, or 160mg tablet (generic Lofibra, Tricor, Triglide); **AND** **2.** Must try **ONE** of the following: fenofibrate micronized capsule 43mg or 130mg (generic Antara); **AND** **3.** Must try **ONE** of the following: fenofibrate micronized capsule 67mg, 134mg, or 200mg (generic Lofibra, Tricor)	N/A
Fenofibrate 90mg micronized capsule	Single Source Brand	Must try **ONE** of the following: **1**. fenofibrate 48mg, 54mg, 145mg, 160mg tablet (generic Lofibra, Tricor, Triglide) **OR** **2.** fenofibrate micronized capsule 43mg, 130mg (generic Antara) **OR** **3.** fenofibrate micronized capsule 67mg, 134mg, 200mg (generic Lofibra, Tricor)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Must try **ONE** of the following: fenofibrate 48mg, 54mg, 145mg, or 160mg tablet (generic Lofibra, Tricor, Triglide) **AND** **2.** Must try **ONE** of the following: fenofibrate micronized capsule 43mg or 130mg (generic Antara) **AND** **3.** Must try **ONE** of the following: fenofibrate micronized capsule 67mg, 134mg, or 200mg (generic Lofibra, Tricor)	N/A
Fenofibric acid 35mg, 105mg (generic Fibricor)	Generic Only	Must try **ONE** of the following: **1**. fenofibrate 48mg, 54mg, 145mg, 160mg tablet (generic Lofibra, Tricor, Triglide) **OR** **2.** fenofibrate micronized capsule 43mg, 130mg (generic Antara) **OR** **3.** fenofibrate micronized capsule 67mg, 134mg, 200mg (generic Lofibra, Tricor)	N/A	Generic Only	Must try **ALL** of the following: **1.** Must try **ONE** of the following: fenofibrate 48mg, 54mg, 145mg, or 160mg tablet (generic Lofibra, Tricor, Triglide) **AND** **2.** Must try **ONE** of the following: fenofibrate micronized capsule 43mg or 130mg (generic Antara) **AND** **3.** Must try **ONE** of the following: fenofibrate micronized capsule 67mg, 134mg, or 200mg (generic Lofibra, Tricor)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Fenoglide (fenofibrate)	Brand and Generic	Must try **ONE** of the following: **1**. fenofibrate 48mg, 54mg, 145mg, 160mg tablet (generic Lofibra, Tricor, Triglide) **OR** **2.** fenofibrate micronized capsule 43mg, 130mg (generic Antara) **OR** **3.** fenofibrate micronized capsule 67mg, 134mg, 200mg (generic Lofibra, Tricor)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** Must try **ONE** of the following: fenofibrate 48mg, 54mg, 145mg, or 160mg tablet (generic Lofibra, Tricor, Triglide) **AND** **2.** Must try **ONE** of the following: fenofibrate micronized capsule 43mg or 130mg (generic Antara) **AND** **3.** Must try **ONE** of the following: fenofibrate micronized capsule 67mg, 134mg, or 200mg (generic Lofibra, Tricor)	N/A
Fenopron (fenoprofen)	Generic Only	Must try **BOTH** of the following: **1.** ibuprofen (generic Motrin) **2.** naproxen tablet (generic Naprosyn, generic Anaprox DS)	N/A	Generic Only	Must try **BOTH** of the following: **1.** ibuprofen (generic Motrin) **2.** naproxen tablet (generic Naprosyn, generic Anaprox DS)	N/A
Fentanyl transdermal patch (37.5mcg, 62.5mcg, and 87.5mcg strengths only)	Generic Only	Must try **ONE** of the following strengths of fentanyl transdermal patch (generic Duragesic): 12mcg, 25mcg, 50mcg, 75mcg, or 100mcg	N/A	Generic Only	Must try **ONE** of the following strengths of fentanyl transdermal patch (generic Duragesic): 12mcg, 25mcg, 50mcg, 75mcg, or 100mcg	N/A
Fentora (fentanyl buccal tablet)	Multisource Brand without Generic	fentanyl citrate lozenges (generic Actiq)	N/A	Multisource Brand without Generic	fentanyl citrate lozenges (generic Actiq)	N/A
Ferriprox (deferiprone)	N/A	N/A	N/A	Brand Only	deferasirox (generic Exjade)	N/A
Fetzima (levomilnacipran extended-release)	N/A	N/A	N/A	Single Source Brand	Must try a minimum **four week trial** (document drug and dates of trials) of at least **FIVE** of any formulation of the following: **1.** bupropion **2.** citalopram **3.** duloxetine **4.** escitalopram **5.** fluoxetine **6.** fluvoxamine **7.** paroxetine **8.** sertraline **9.** venlafaxine immediate release/extended-release capsule	N/A
Fexmid 7.5 mg (cyclobenzaprine)	Brand and Generic	cyclobenzaprine 5mg, 10mg (generic Flexeril)	N/A	Brand and Generic	cyclobenzaprine 5mg or 10mg (generic Flexeril)	N/A
Fiasp (insulin aspart with niacinamide) (all dosage forms)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A

Effective Date: 11/13/2026						
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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Fibricor 35mg, 105mg (fenofibric acid)	Multisource Brand without Generic	Must try **ONE** of the following: **1**. fenofibrate 48mg, 54mg, 145mg, 160mg tablet (generic Lofibra, Tricor, Triglide); **OR** **2.** fenofibrate micronized capsule 43mg, 130mg (generic Antara); **OR** **3.** fenofibrate micronized capsule 67mg, 134mg, 200mg (generic Lofibra, Tricor)	N/A	Multisource Brand without Generic	Must try **ALL** of the following: **1.** Must try **ONE** of the following: fenofibrate 48mg, 54mg, 145mg, or 160mg tablet (generic Lofibra, Tricor, Triglide); **AND** **2.** Must try **ONE** of the following: fenofibrate micronized capsule 43mg or 130mg (generic Antara); **AND** **3.** Must try **ONE** of the following: fenofibrate micronized capsule 67mg, 134mg, or 200mg (generic Lofibra, Tricor)	N/A
Finacea gel (azelaic acid)	Brand Only	azelaic acid gel (generic Finacea)	N/A	Brand Only	azelaic acid gel (generic Finacea)	N/A
Fintepla (fenfluramine)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** lamotrigine (generic Lamictal) **2.** topiramate (generic Topamax) **3.** valproic acid (generic Depakene)	N/A
Fioricet with Codeine 50mg-300mg-40mg-30mg capsule (butalbital-acetaminophen-caffeine-codeine)	Brand and Generic	butalbital-acetaminophen-caffeine-codeine 50mg-325mg-40mg-30mg	N/A	Brand and Generic	butalbital-acetaminophen-caffeine-codeine 50mg-325mg-40mg-30mg	N/A
Firazyr (icatibant)	Brand Only	icatibant (generic Firazyr)	N/A	Brand Only	icatibant (generic Firazyr)	N/A
Flagyl (metronidazole)	N/A	N/A	N/A	Brand Only	metronidazole (generic Flagyl)	N/A
Flector 1.3% patch (diclofenac epolamine)	N/A	N/A	N/A	Multisource Brand without Generic	OTC Voltaren Arthritis Pain 1% gel	N/A
Flomax (tamsulosin)	Brand Only	tamsulosin (generic Flomax)	N/A	Brand Only	tamsulosin (generic Flomax)	N/A
Floriva Plus (pediatric multivitamins with fluoride)	Single Source Brand	generic pediatric multivitamin with fluoride	N/A	Single Source Brand	generic pediatric multivitamin with fluoride	N/A
Fluorouracil 0.5% cream	Multisource Brand without Generic	fluorouracil 5% (generic Efudex)	N/A	Multisource Brand without Generic	fluorouracil 5% (generic Efudex)	N/A
Fluoxetine (generic Sarafem)	Generic Only	fluoxetine capsule (generic Prozac) **Maryland only:** Approve for FDA-approved indication(s). For all other indications, must try alternative.	N/A	Generic Only	fluoxetine capsule (generic Prozac) **Maryland only:** Approve for FDA-approved indication(s). For all other indications, must try alternative	N/A
Fluticasone furoate (Arnuity Ellipta authorized generic)	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Fluticasone furoate/Vilanterol Ellipta	Multisource Brand without Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** fluticasone propionate-salmeterol (generic Advair Diskus) **b.** fluticasone propionate-salmeterol (generic AirDuo RespiClick) **c.** Advair HFA **AND** **2.** Must try **BOTH** of the following: **a.** Breo Ellipta **b.** Brand Symbicort	N/A	Multisource Brand without Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** fluticasone propionate-salmeterol (generic Advair Diskus) **b.** fluticasone propionate-salmeterol (generic AirDuo RespiClick) **c.** Advair HFA **AND** **2.** Must try **BOTH** of the following: **a.** Breo Ellipta **b.** Brand Symbicort	N/A
Fluticasone propionate Diskus	Single Source Brand	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A
Fluticasone propionate HFA	Single Source Brand	For diagnosis of **asthma**: **ONE** of the following: **1.** Must try **BOTH** of the following: **a.** Arnuity Ellipta **b.** QVAR RediHaler **OR** **2.** Patient requires a metered dose inhaler used with a spacer device due to one of the following: **a.** Physical dexterity **b.** Inspiratory flow **c.** Cognitive status For diagnosis of **eosinophilic esophagitis**: **Approve** For **all other diagnoses**: Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A	Single Source Brand	Use Non-Formulary	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Fluticasone propionate lotion (Cutivate lotion)	N/A	N/A	N/A	Generic Only	Must try **FIVE** of the following: **1.** triamcinolone acetonide lotion (0.1%) **OR** ointment (0.025%) (generic Kenalog) **2.** betamethasone lotion (generic Diprolene) **3.** fluticasone cream (generic Cutivate) **4.** betamethasone valerate cream (generic Valisone), **5.** hydrocortisone valerate cream (generic Westcort) **6.** fluocinolone acetonide cream (generic Synalar)	N/A
Fluticasone-salmeterol HFA	Multisource Brand without Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** fluticasone propionate-salmeterol (generic Advair Diskus) **b.** fluticasone propionate-salmeterol (generic AirDuo RespiClick) **c.** Advair HFA **AND** **2.** Must try **BOTH** of the following: **a.** Breo Ellipta **b.** Brand Symbicort	N/A	Multisource Brand without Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** fluticasone propionate-salmeterol (generic Advair Diskus) **b.** fluticasone propionate-salmeterol (generic AirDuo RespiClick) **c.** Advair HFA **AND** **2.** Must try **BOTH** of the following: **a.** Breo Ellipta **b.** Brand Symbicort	N/A
Focalin (dexmethylphenidate)	N/A	N/A	N/A	Brand Only	dexmethylphenidate (generic Focalin)	N/A
Focalin XR (dexmethylphenidate extended-release)	Brand Only	**BOTH of the following:** **1.** Must try dexmethylphenidate extended-release (generic Focalin XR) **AND** **2.** Must try **ONE** of the following: **a.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **b.** lisdexamfetamine (generic Vyvanse) **c.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A	Brand Only	Must try **ALL** of the following: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Forfivo XL (bupropion 450mg extended-release)	Multisource Brand without Generic	bupropion extended-release (generic Wellbutrin XL)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Multisource Brand without Generic	bupropion extended-release (generic Wellbutrin XL)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Forteo (teriparatide)	Brand and Generic	Must try **BOTH** of the following: **1.** Teriparatide (branded product) **2.** Tymlos	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** Teriparatide (branded product) **2.** Tymlos	N/A
Fortesta (testosterone transdermal gel)	Brand and Generic	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Brand and Generic	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A
Fosrenol chewable tablet (lanthanum carbonate)	Brand and Generic	Use Step Therapy	N/A	Brand and Generic	Use Step Therapy	N/A
Fotivda (tivozanib)	N/A	N/A	N/A	Single Source Brand	Use Prior Authorization	N/A
Fragmin (dalteparin)	N/A	N/A	N/A	Single Source Brand	enoxaparin (generic Lovenox)	N/A
Frova (frovatriptan)	Brand Only	**BOTH of the following:** **1.** Must try frovatriptan (Frova) **AND** **2.** Must try **TWO** of the following: **a.** almotriptan (generic Axert) **b.** eletriptan (generic Relpax) **c.** naratriptan (generic Amerge) **d.** rizatriptan (generic Maxalt/Maxalt MLT) **e.** sumatriptan (generic Imitrex) **f.** zolmitriptan (generic Zomig)	N/A	Brand Only	**BOTH of the following:** **1.** Must try frovatriptan (Frova) **AND** **2.** Must try **TWO** of the following: **a.** almotriptan (generic Axert) **b.** eletriptan (generic Relpax) **c.** naratriptan (generic Amerge) **d.** rizatriptan (generic Maxalt/Maxalt MLT) **e.** sumatriptan (generic Imitrex) **f.** zolmitriptan (generic Zomig)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Fulphila (pegfilgrastim-jmdb)	Single Source Brand	Must try **BOTH** of the following: **1.** Neulasta **2.** Udenyca	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Neulasta **2.** Udenyca	N/A
Fulvicin P/G 165 (griseofulvin ultramicrosize)	Multisource Brand without Generic	Must try **TWO** of the following **1.** itraconazole (generic Sporanox) **2.** terbinafine (generic Lamisil) **3.** ciclopirox (generic Penlac) **4.** griseofulvin ultramicrosize 125mg **or** 250mg (generic Gris-Peg)	N/A	Multisource Brand without Generic	Must try **TWO** of the following **1.** itraconazole (generic Sporanox) **2.** terbinafine (generic Lamisil) **3.** ciclopirox (generic Penlac) **4.** griseofulvin ultramicrosize 125mg **or** 250mg (generic Gris-Peg)	N/A
Furoscix and Furoscix ReadyFlow (furosemide subcutaneous)	Single Source Brand	**Under 18 Years of Age:** Use Medical Necessity **18 Years of Age and Over:** **BOTH of the following:** **1.** Must try **BOTH** of the following: **a.** Enbumyst **b.** Lasix ONYU **AND** **2.** Must try **ONE** oral diuretic [e.g., furosemide (generic Lasix), bumetanide (generic Bumex), ethacrynic acid (generic Edecrin), torsemide (generic Demadex)]	N/A	Single Source Brand	**Under 18 Years of Age:** Use Medical Necessity **18 Years of Age and Over:** **BOTH of the following:** **1.** Must try **BOTH** of the following: **a.** Enbumyst **b.** Lasix ONYU **AND** **2.** Must try **ONE** oral diuretic [e.g., furosemide (generic Lasix), bumetanide (generic Bumex), ethacrynic acid (generic Edecrin), torsemide (generic Demadex)]	N/A
Fycompa (perampanel)	N/A	N/A	N/A	Brand Only	**BOTH of the following:** **1.** Must try perampanel (generic Fycompa) **AND** **2.** Must try **FOUR** of the following: **a.** carbamazepine (generic Tegretol) **b.** divalproex (generic Depakote) **c.** lamotrigine (generic Lamictal) **d.** oxcarbazepine (generic Trileptal) **e.** topiramate (generic Topamax)	N/A
Fylnetra (pegfilgrastim-pbbk)	Single Source Brand	Must try **BOTH** of the following: **1.** Neulasta **2.** Udenyca	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Neulasta **2.** Udenyca	N/A
Gabarone (gabapentin)	Single Source Brand	gabapentin (generic Neurontin)	N/A	Single Source Brand	gabapentin (generic Neurontin)	N/A
Gastrocrom (cromolyn)	Brand Only	cromolyn oral concentrate (generic Gastrocrom)	N/A	Brand Only	cromolyn oral concentrate (generic Gastrocrom)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Gelnique (oxybutynin transdermal gel)	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c.** trospium (generic Sanctura)	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c.** trospium (generic Sanctura)	N/A
Gemtesa (vibegron)	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** mirabegron (generic Myrbetriq) **b.** solifenacin (generic Vesicare) **c.** tolterodine (generic Detrol) **d.** trospium (generic Sanctura)	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** mirabegron (generic Myrbetriq) **b.** solifenacin (generic Vesicare) **c.** tolterodine (generic Detrol) **d.** trospium (generic Sanctura)	N/A
Genotropin and Genotropin MiniQuick (somatropin)	Single Source Brand	Must try **ONE** of the following: **1.** Norditropin FlexPro **2.** Omnitrope	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Norditropin FlexPro **2.** Omnitrope	N/A
Geodon (ziprasidone)	Brand Only	**BOTH of the following:** **1.** Must try ziprasidone (generic Geodon) **AND** **2.** Must try **TWO** of the following: **a.** olanzapine (generic Zyprexa) **b.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR) **c.** risperidone (generic Risperdal) **d.** aripiprazole tablet (generic Abilify)	N/A	Brand Only	Must try **ALL** of the following: **1.** ziprasidone (generic Geodon) **2.** olanzapine (generic Zyprexa) **3.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR) **4.** risperidone (generic Risperdal) **5.** aripiprazole tablet (generic Abilify)	N/A
Gialax Kit (polyethylene glycol 3350)	Single Source Brand	OTC Miralax	N/A	Single Source Brand	OTC Miralax	N/A
Gilenya 0.5mg (fingolimod)	Brand only	fingolimod (generic Gilenya)	N/A	Brand Only	fingolimod (generic Gilenya)	N/A
Gimoti (metoclopramide nasal spray)	Single Source Brand	metoclopramide (generic Reglan)	N/A	Single Source Brand	metoclopramide (generic Reglan)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Gleevec (imatinib)	Brand Only	imatinib (generic Gleevec)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	imatinib (generic Gleevec)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Glimepiride 3mg	Generic Only	Must try **ONE** of the following strengths of generic Amaryl: **1.** glimepiride 1mg **2.** glimepiride 2mg **3.** glimepiride 4mg	N/A	Generic Only	Must try **ONE** of the following strengths of generic Amaryl: **1.** glimepiride 1mg **2.** glimepiride 2mg **3.** glimepiride 4mg	N/A
Glipizide 2.5mg	Generic Only	Take one-half tablet of glipizide 5mg	N/A	Generic Only	Take one-half tablet of glipizide 5mg	N/A
GlucaGen HypoKit	Single Source Brand	Must try **TWO** of the following: **1.** glucagon (generic Glucagon Emergency Kit) **2.** Baqsimi **3.** Zegalogue **4.** Gvoke	N/A	Single Source Brand	Must try **ALL** of the following: **1.** glucagon (generic Glucagon Emergency Kit) **2.** Baqsimi **3.** Zegalogue **4.** Gvoke	N/A
Glucagon Emergency Kit (manufactured by Lilly)	Brand Only	Must try **TWO** of the following: **1.** glucagon (generic Glucagon Emergency Kit) **2.** Baqsimi **3.** Zegalogue **4.** Gvoke	N/A	Brand Only	Must try **ALL** of the following: **1.** glucagon (generic Glucagon Emergency Kit) **2.** Baqsimi **3.** Zegalogue **4.** Gvoke	N/A
Glumetza (metformin extended-release)	Brand and Generic	Use Medical Necessity	N/A	Brand and Generic	Use Medical Necessity	N/A
Glycate (glycopyrrolate)	Multisource Brand without Generic	glycopyrrolate (generic Robinul)	N/A	Multisource Brand without Generic	glycopyrrolate (generic Robinul)	N/A
Gocovri (amantadine extended-release)	Single Source Brand	amantadine immediate-release (generic Symmetrel)	N/A	Single Source Brand	amantadine immediate-release (generic Symmetrel)	N/A
Gonitro (nitroglycerin sublingual powder)	Single Source Brand	nitroglycerin sublingual tablet (generic Nitrostat)	N/A	Single Source Brand	nitroglycerin sublingual tablet (generic Nitrostat)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Gralise (gabapentin)	Brand and Generic	gabapentin (generic Neurontin)	N/A	Brand and Generic	gabapentin (generic Neurontin)	N/A
Granix (tbo-filgrastim)	Single Source Brand	Must try **BOTH** of the following: **1.** Zarxio **2.** Nivestym	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Zarxio **2.** Nivestym	N/A
Hadlima (adalimumab-bwwd)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Halog 0.1% solution (halcinonide)	Brand and Generic	Must try **ALL** of the following: **1.** fluocinonide 0.05% gel/solution (generic Lidex) **2.** desoximetasone 0.05% gel (generic Topicort)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** fluocinonide 0.05% gel/solution (generic Lidex) **2.** desoximetasone 0.05% gel (generic Topicort)	N/A
Halog cream (halcinonide)	Brand Only	Use Step Therapy	N/A	Brand Only	Must try **BOTH** of the following: **1.** betamethasone dipropionate augmented 0.05% cream (generic Diprolene AF) **2.** fluocinonide 0.05% cream (generic Lidex cream)	N/A
Halog ointment (halcinonide)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Must try **ALL** of the following: **1.** betamethasone (generic Diprosone) **2.** amcinonide (generic Cyclocort) **3.** desoximetasone (generic Topicort) **4.** fluocinolone (generic Synalar)	N/A
Helidac Therapy (bismuth subsalicylate-metronidazole-tetracyclin)	Single Source Brand	Must try **ONE** of the following: **1.** Must try all of the following **IN COMBINATION**: a. metronidazole (generic Flagyl) b. tetracycline (generic Sumycin) c. OTC bismuth subsalicylate **OR** **2.** Omeclamox-Pak **OR** **3.** Voquezna Dual Pak **OR** Triple Pak	N/A	Single Source Brand	Must try **ONE** of the following: **1.** Omeclamox-Pak **2.** Voquezna Dual Pak **OR** Triple Pak	N/A
Hemady (dexamethasone)	Multisource Brand without Generic	dexamethasone tablet	N/A	Multisource Brand without Generic	dexamethasone tablet	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Hemangeol (propranolol oral solution)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** propranolol tablet (generic Inderal) **2.** propranolol oral suspension (generic Inderal) **Maryland only**: Approve for FDA approved indication(s). All other indications must try propranolol.	N/A
Hemiclor (chlorthalidone)	Single Source Brand	chlorthalidone (generic Hygroton)	N/A	Single Source Brand	chlorthalidone (generic Hygroton)	N/A
Hepsera (adefovir)	Brand Only	adefovir (generic Hepsera)	N/A	Brand Only	adefovir (generic Hepsera)	N/A
HiDex 6-day pack (dexamethasone therapy pack)	Single Source Brand	dexamethasone	N/A	Single Source Brand	dexamethasone	N/A
Horizant (gabapentin enacarbil extended-release)	Single Source Brand	Must try **ONE** of the following: **1.** gabapentin (generic Neurontin) **2.** ropinirole (generic Requip) **3.** pramipexole (generic Mirapex)	N/A	Single Source Brand	Must try **ONE** of the following: **1.** gabapentin (generic Neurontin) **2.** ropinirole (generic Requip) **3.** pramipexole (generic Mirapex)	N/A
Hulio (adalimumab-fkjp) (all dosage forms)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Humalog Tempo Pen (insulin lispro)	Single Source Brand	Must try **ONE** of the following: **1.** Humalog KwikPen **2.** Insulin Lispro KwikPen (unbranded Humalog) **3.** Lyumjev KwikPen	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Humalog KwikPen **2.** Insulin Lispro KwikPen (unbranded Humalog) **3.** Lyumjev KwikPen	N/A
Humalog vial (insulin lispro)	Single Source Brand	Insulin Lispro vial (unbranded Humalog)	N/A	Single Source Brand	Insulin Lispro vial (unbranded Humalog)	N/A
Humatrope (somatropin)	Single Source Brand	Must try **ONE** of the following: **1.** Norditropin FlexPro **2.** Omnitrope	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Norditropin FlexPro **2.** Omnitrope	N/A
Hycodan (hydrocodone-homatropine)	Brand Only	hydrocodone-homatropine 5mg/1.5mg/5mL (generic Hycodan)	N/A	Brand Only	hydrocodone-homatropine 5mg/1.5mg/5mL (generic Hycodan)	N/A
Hydrea (hydroxyurea)	Brand Only	hydroxyurea (generic Hydrea)	N/A	Brand Only	hydroxyurea (generic Hydrea)	N/A
Hydrocodone-acetaminophen 10-300mg (generic Xodol)	Generic Only	hydrocodone-acetaminophen 10-325 mg (generic Norco)	N/A	Generic Only	hydrocodone-acetaminophen 10-325 mg (generic Norco)	N/A
Hydrocodone-acetaminophen 10-300mg (generic Vicodin HP 10-300mg)	Generic Only	hydrocodone-acetaminophen 10/325mg (generic Norco)	N/A	Generic Only	hydrocodone-acetaminophen 10/325mg (generic Norco)	N/A
Hydrocodone-acetaminophen 5-300mg (generic Vicodin 5/300mg)	Generic Only	hydrocodone-acetaminophen 5-325 mg (generic Norco)	N/A	Generic Only	hydrocodone-acetaminophen 5-325 mg (generic Norco)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Hydrocodone-acetaminophen 7.5-300mg (generic Vicodin ES 7.5/300 mg)	Generic Only	hydrocodone-acetaminophen 7.5-325 mg (generic Norco)	N/A	Generic Only	hydrocodone-acetaminophen 7.5-325 mg (generic Norco)	N/A
Hydrocodone-acetaminophen 7.5-300mg (generic Xodol)	Generic Only	hydrocodone-acetaminophen 7.5-325 mg (generic Norco)	N/A	Generic Only	hydrocodone-acetaminophen 7.5-325 mg (generic Norco)	N/A
Hydrocortisone 2.5% solution (Texacort authorized generic)	Multisource Brand without Generic	Texacort	N/A	Multisource Brand without Generic	Texacort	N/A
Hydrocortisone cream, lotion	Brand and Generic	OTC hydrocortisone	N/A	Brand and Generic	OTC hydrocortisone	N/A
Hydromorphone extended-release (generic Exalgo)	N/A	N/A	N/A	Generic Only	Use Medical Necessity or Step Therapy	N/A
Hyrimoz 40mg/0.4mL (adalimumab-adaz) (all dosage forms)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Hysingla ER (hydrocodone extended-release)	Brand Only	Use Medical Necessity	N/A	Brand Only	Use Medical Necessity	N/A
Hyzaar (losartan-hydrochlorothiazide)	Brand Only	Must try **ALL** of the following: **1.** candesartan-hydrochlorothiazide (generic Atacand HCT) **2.** irbesartan-hydrochlorothiazide (generic Avalide) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** valsartan-hydrochlorothiazide (generic Diovan HCT) **5.** olmesartan-hydrochlorothiazide (generic Benicar HCT)	N/A	Brand Only	Must try **ALL** of the following: **1.** candesartan-hydrochlorothiazide (generic Atacand HCT) **2.** irbesartan-hydrochlorothiazide (generic Avalide) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** valsartan-hydrochlorothiazide (generic Diovan HCT) **5.** olmesartan-hydrochlorothiazide (generic Benicar HCT)	N/A
Ibrance (palbociclib)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Kisqali **2.** Verzenio	N/A
Ibsrela (tenapanor)	Single Source Brand	Use Medical Necessity or Step Therapy	N/A	Single Source Brand	Use Medical Necessity or Step Therapy	N/A
Ibtrozi (taletrectinib)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Augtyro **2.** Rozlytrek	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Ibuprofen 300mg tablet	Generic Only	Must try **ALL** of the following: **1.** diclofenac (generic Cataflam, generic Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** prescription ibuprofen (generic Motrin) **4.** prescription naproxen tablet (generic Naprosyn, generic Anaprox DS)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Generic Only	Must try **ALL** of the following: **1.** diclofenac (generic Cataflam, generic Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** prescription ibuprofen (generic Motrin) **4.** prescription naproxen tablet (generic Naprosyn, generic Anaprox DS)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Icy Hot PM	Single Source Brand	OTC capsaicin patch	N/A	Single Source Brand	OTC capsaicin patch	N/A
Idacio (adalimumab-aacf) (all dosage forms)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Ilevro (nepafenac ophthalmic suspension)	Single Source Brand	Must try **ALL** of the following: **1.** bromfenac ophthalmic solution (generic Bromday, Xibrom) **2.** diclofenac ophthalmic solution (generic Voltaren) **3.** ketorolac ophthalmic solution (generic Acular) **4**. Nevanac	N/A	Single Source Brand	Must try **ALL** of the following: **1.** bromfenac ophthalmic solution (generic Bromday, Xibrom) **2.** diclofenac ophthalmic solution (generic Voltaren) **3.** ketorolac ophthalmic solution (generic Acular) **4**. Nevanac	N/A
Ilumya (tildrakizumab)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A
Imbruvica 140mg and 280mg tablet (ibrutinib)	Single Source Brand	Imbruvica capsule	N/A	Single Source Brand	Imbruvica capsule	N/A
Imitrex tablet, injection (sumatriptan)	Brand Only	sumatriptan tablet or injection (generic Imitrex)	N/A	Brand Only	Must try **ALL** of the following: **1.** almotriptan (generic Axert) **2.** naratriptan (generic Amerge) **3.** rizatriptan (generic Maxalt) **4.** sumatriptan (generic Imitrex) **5.** zolmitriptan (generic Zomig)	N/A
Imodium (loperamide)	Legend Medication (Brand and Generic)	OTC Imodium (loperamide)	N/A	Legend Medication (Brand and Generic)	OTC Imodium (loperamide)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Impeklo 0.05% lotion (clobetasol propionate)	Single Source Brand	Must try **BOTH** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **OR** clobetasol 0.05% solution (generic Temovate)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **OR** clobetasol 0.05% solution (generic Temovate)	N/A
Impoyz (clobetasol propionate)	Single Source Brand	Must try **BOTH** of the following: **1.** betamethasone dipropionate augmented 0.05% cream (generic Diprolene AF) **2.** fluocinonide 0.05% cream (generic Lidex cream)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** betamethasone dipropionate augmented 0.05% cream (generic Diprolene AF) **2.** fluocinonide 0.05% cream (generic Lidex cream)	N/A
Imuldosa (ustekinumab-srlf)	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A
Imuran (azathioprine)	Brand Only	azathioprine (generic Imuran)	N/A	Brand Only	azathioprine (generic Imuran)	N/A
Incruse Ellipta (umeclidinium)	Single Source Brand	Must try **ONE** of the following: **1.** Spiriva Respimat **2.** Spiriva HandiHaler	N/A	Single Source Brand	Must try **ONE** of the following: **1.** Spiriva Respimat **2.** Spiriva HandiHaler	N/A
Inderal LA (propranolol long-acting)	Brand Only	propranolol extended-release capsule (generic Inderal LA)	N/A	Brand Only	propranolol extended-release capsule (generic Inderal LA)	N/A
Inderal XL (propranolol extended-release)	Single Source Brand	Must try **ONE** of the following: **1.** propranolol (generic Inderal) **2.** propranolol extended-release (generic Inderal LA)	N/A	Single Source Brand	Must try **ONE** of the following: **1.** propranolol (generic Inderal) **2.** propranolol extended-release (generic Inderal LA)	N/A
Indocin (indomethacin)	N/A	N/A	N/A	Brand Only	indomethacin (generic Indocin)	N/A
InnoPran	N/A	N/A	N/A	Single Source Brand	propranolol (generic Inderal)	N/A
InnoPran XL (propranolol extended-release)	Single Source Brand	Must try **ONE** of the following: **1.** propranolol (generic Inderal) **2.** propranolol extended-release (generic Inderal LA)	N/A	Single Source Brand	Must try **ONE** of the following: **1.** propranolol (generic Inderal) **2.** propranolol extended-release (generic Inderal LA)	N/A
Inpefa (sotagliflozin)	Single Source Brand	History of therapeutic failure, contraindication, or intolerance to a **30-day trial** of Jardiance	N/A	Single Source Brand	History of therapeutic failure, contraindication, or intolerance to a **30-day trial** of Jardiance	N/A
Inspra (eplerenone)	Brand Only	eplerenone (generic Inspra)	N/A	Brand Only	eplerenone (generic Inspra)	N/A
Insulin Aspart	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Insulin Aspart Protamine-Insulin Aspart (Mix 70/30)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Insulin glargine vial, SoloStar (Lantus vial authorized brand alternative, Lantus SoloStar authorized brand alternative)	Single Source Brand	Must try **BOTH** of the following: **1.** Lantus **2.** Toujeo	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Lantus **2.** Toujeo	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Insulin Glargine-yfgn	Single Source Brand	Must try **three month trial** of **BOTH** of the following: **1.** Lantus **2.** Toujeo	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **three month trial** of **BOTH** of the following: **1.** Lantus **2.** Toujeo	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Insulin Lispro	Single Source Brand	Must try **ONE** of the following: **1.** Humalog KwikPen **2.** Insulin Lispro KwikPen (unbranded Humalog) **3.** Lyumjev KwikPen	N/A	Single Source Brand	Must try **ONE** of the following: **1.** Humalog vial **2.** Humalog KwikPen	N/A
Intrarosa (prasterone vaginal insert)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Imvexxy **2.** Osphena **3.** Premarin cream	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Intuniv (guanfacine extended-release)	Brand Only	guanfacine extended-release (generic Intuniv)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	guanfacine extended-release (generic Intuniv)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Invega (paliperidone extended-release)	Brand Only	paliperidone extended-release (generic Invega)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** olanzapine (generic Zyprexa) **2.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR) **3.** risperidone (generic Risperdal) **4.** ziprasidone (generic Geodon) **5.** aripiprazole tablet (generic Abilify)	N/A
Invokamet (canagliflozin-metformin)	Single Source Brand	History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Synjardy/Synjardy XR	N/A	Single Source Brand	History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Synjardy/Synjardy XR	N/A
Invokamet XR (canagliflozin-metformin extended-release)	Single Source Brand	History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Synjardy/Synjardy XR	N/A	Single Source Brand	History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Synjardy/Synjardy XR	N/A
Invokana (canagliflozin)	Single Source Brand	**BOTH** of the following: **1.** History of suboptimal response (after a **THREE** month trial), contraindication, or intolerance to metformin (generic Glucophage, Glucophage XR) **AND** **2.** History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Jardiance	N/A	Single Source Brand	Use Non-Formulary	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Inzirqo (hydrochlorothiazide oral suspension)	N/A	N/A	N/A	Single Source Brand	hydrochlorothiazide tablet	N/A
Isordil Titradose (isosorbide dinitrate)	Brand Only	isosorbide dinitrate (generic Isordil Titradose)	N/A	Brand Only	isosorbide dinitrate (generic Isordil Titradose)	N/A
Isosorbide dinitrate 40mg (generic Isordil Titradose)	Generic Only	Take **two** isosorbide dinitrate (generic Isordil Titradose) 20mg tablets to yield 40mg	N/A	Generic Only	Take **two** isosorbide dinitrate (generic Isordil Titradose) 20mg tablets to yield 40mg	N/A
Isotretinoin 25mg and 35mg (generic Absorica)	Generic Only	**BOTH of the following:** **1.** Must try **TWO** of the following: **a.** Topical retinoid or retinoid-like agent [e.g., Retin-A/Retin-A Micro (tretinoin)], **b.** oral antibiotic [e.g., Ery-Tab (erythromycin), Minocin (minocycline)], **c.** topical antibiotic with or without benzoyl peroxide [e.g., Cleocin-T (clindamycin), erythromycin, BenzaClin (benzoyl peroxide/clindamycin), Benzamycin (benzoyl peroxide/erythromycin)] **AND** **2.** Must try **TWO** of the following oral isotretinoin formulations (document duration of trial): **a.** Claravis **b.** Myorisan **c.** Zenatane **d.** Amnesteem **e.** isotretinoin 10mg, 20mg, 30mg, 40mg	N/A	Generic Only	**BOTH of the following:** **1.** Must try isotretinoin 10mg, 20mg, 30mg, or 40mg **AND** **2.** Must try **TWO** of the following: **a.** Amnesteem **b.** Claravis **c.** Myorisan **d.** Zenatane	N/A
Isturisa (osilodrostat)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** cabergoline (generic Dostinex) **2.** Signifor	N/A
Ixinity (coagulation factor IX [recombinant])	Single Source Brand	Must try **BOTH** of the following: **1.** BeneFIX **2.** Rixubis	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** BeneFIX **2.** Rixubis	N/A
Iyuzeh (latanoprost PF ophthalmic solution)	Single Soure Brand	Must try **TWO** of the following: **1.** bimatoprost 0.03% (generic Lumigan) or Lumigan 0.01%, **2.** latanoprost (generic Xalatan) **3.** travoprost (generic Travatan Z)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** bimatoprost 0.03% (generic Lumigan) **OR** Lumigan 0.01% **2.** latanoprost (generic Xalatan) **3.** travoprost (generic Travatan Z)	N/A
Jadenu (deferasirox)	Brand Only	deferasirox (generic Jadenu)	N/A	Brand Only	deferasirox (generic Jadenu)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Jalyn (dutasteride-tamsulosin)	Brand and Generic	dutasteride (generic Avodart) **IN COMBINATION WITH** tamsulosin (generic Flomax)	N/A	Brand and Generic	dutasteride (generic Avodart) **IN COMBINATION WITH** tamsulosin (generic Flomax)	N/A
Janumet (sitagliptin-metformin)	Brand and Generic	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Brand and Generic	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Janumet XR (sitagliptin-metformin extended-release)	Brand and Generic	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Brand and Generic	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Januvia (sitagliptin)	Brand and Generic	Must try **three month trial each** of **BOTH** of the following: **1.** Tradjenta **AND** **2.** Alogliptin (Nesina authorized generic) **OR** saxagliptin (generic Onglyza)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Brand and Generic	Must try **three month trial each** of **ALL** of the following: **1.** Alogliptin (Nesina authorized generic) **2.** Saxagliptin (generic Onglyza) **3.** Tradjenta	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Jascayd (nerandomilast)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** pirfenidone (generic Esbriet) **2.** Ofev	N/A
Jatenzo (testosterone undeconoate capsule)	Single Source Brand	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Single Source Brand	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A
Javadin (clonidine oral solution)	N/A	N/A	N/A	Single Source Brand	clonidine (generic Catepres)	N/A
Javygtor (sapropterin)	Brand Only	sapropterin (generic Kuvan)	N/A	Brand Only	sapropterin (generic Kuvan)	N/A
Jaythari (deflazacort)	Generic Only	Use Medical Necessity	N/A	Generic Only	Use Medical Necessity	N/A
Jublia (efinaconazole)	N/A	N/A	N/A	Single Source Brand	Use Medical Necessity	N/A
Juxtapid (lomitapide)	N/A	N/A	N/A	Single Source Brand	Repatha	N/A
Jynarque (tolvaptan)	Brand Only	tolvaptan (generic Jynarque)	N/A	Brand Only	tolvaptan (generic Jynarque)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Kadian (morphine sulfate extended-release capsule)	Brand and Generic	Use Medical Necessity or Step Therapy	N/A	Brand and Generic	Use Medical Necessity or Step Therapy	N/A
Kapvay (clonidine extended-release)	Brand and Generic	guanfacine extended-release (generic Intuniv)	N/A	Brand and Generic	guanfacine extended-release (generic Intuniv)	N/A
Karbinal ER (carbinoxamine extended-release oral suspension)	Single Source Brand	carbinoxamine tablet (generic Palgic)	N/A	Single Source Brand	carbinoxamine tablet (generic Palgic)	N/A
Katerzia (amlodipine oral suspension)	Single Source Brand	Must try **BOTH** of the following: **1.** amlodipine (generic Norvasc) **2.** Norliqva oral solution	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** amlodipine (generic Norvasc) **2.** Norliqva oral solution	N/A
Kazano (alogliptin-metformin)	Multisource Brand without Generic	Alogliptin-Metformin (Kazano authorized generic)	N/A	Multisource Brand without Generic	Alogliptin-Metformin (Kazano authorized generic)	N/A
Kenalog Spray (triamcinolone)	Brand Only	triamcinolone spray (generic Kenalog)	N/A	Brand Only	triamcinolone spray (generic Kenalog)	N/A
Keppra (levetiracetam)	N/A	N/A	N/A	Brand Only	levetiracetam (generic Keppra)	N/A
Keppra XR (levetiracetam extended-release)	N/A	N/A	N/A	Brand Only	levetiracetam extended-release (generic Keppra XR)	N/A
Keralyt Scalp Kit (salicylic acid 6% shampoo-salicylic acid 6% gel)	Single Source Brand	Must try **ONE** of the following: **1.** salicylic acid shampoo **2.** salicylic acid gel	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** salicylic acid shampoo **2.** salicylic acid gel	N/A
Kerendia (finerenone)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1. ONE** angiotensin converting enzyme (ACE) inhibitor (e.g., lisinopril) or **ONE** angiotensin II receptor blocker (e.g., losartan) **2. ONE** SGLT-2 inhibitor (e.g., Jardiance) **3. ONE** GLP-1 receptor agonist (e.g., Ozempic)	N/A
Kerydin (tavaborole)	Brand Only	Use Medical Necessity or Step Therapy	N/A	Brand and Generic	Use Medical Necessity	N/A
Ketodan 2% Kit (ketoconazole)	Single Source Brand	ketoconazole cream (generic Nizoral)	N/A	Single Source Brand	ketoconazole cream (generic Nizoral)	N/A
Ketoprofen extended-release (generic Oruvail)	Generic only	Use Step Therapy	N/A	Generic Only	Must try **ALL** of the following: **1.** diclofenac (generic Cataflam, Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** ibuprofen (generic Motrin) **4.** naproxen (generic Naprosyn)	N/A
Keveyis (dichlorphenamide)	Brand Only	dichlorphenamide (generic Keveyis)	N/A	Brand Only	dichlorphenamide (generic Keveyis)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Kevzara (sarilumab)	N/A	N/A	N/A	Single Source Brand	Must try **FIVE** of the following: **1. ONE** adalimumab product: **a.** Adalimumab-adaz (unbranded Hyrimoz) **b.** Amjevita **c.** Humira **2.** Cimzia **3.** Olumiant **4.** Rinvoq **5.** Simponi **6.** Xeljanz **or** Xeljanz XR	N/A
Khindivi (hydrocortisone oral solution)	N/A	N/A	N/A	Single Source Brand	hydrocortisone tablet	N/A
Kiprofen (ketoprofen)	Brand Only	Must try **THREE** of the following: **1.** diclofenac (generic Cataflam, Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** ibuprofen (generic Motrin) **4.** naproxen (generic Naprosyn)	N/A	Brand Only	Must try **THREE** of the following: **1.** diclofenac (generic Cataflam, Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** ibuprofen (generic Motrin) **4.** naproxen (generic Naprosyn)	N/A
Kirsty (insulin aspart-xjhz)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Must try **three month trial** each of **ALL** of the following: **1.** Humalog KwikPen **2.** Insulin Lispro KwikPen or vial (unbranded Humalog) **3.** Lyumjev KwikPen	N/A
Kitabis Pak (tobramycin nebulizer solution)	Multisource Brand without Generic	tobramycin 300mg/4mL (generic Bethkis)	N/A	Multisource Brand without Generic	tobramycin 300mg/4mL (generic Bethkis)	N/A
Klonopin (clonazepam)	Brand Only	**BOTH of the following:** **1.** Must try clonazepam (generic Klonopin) **AND** **2.** Must try **ONE** of the following: **a.** alprazolam (generic Xanax) **b.** diazepam (generic Valium) **c.** lorazepam (generic Ativan)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	**BOTH of the following:** **1.** Must try clonazepam (generic Klonopin) **AND** **2.** Must try **ONE** of the following: **a.** alprazolam (generic Xanax) **b.** diazepam (generic Valium) **c.** lorazepam (generic Ativan)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Kombiglyze XR (saxagliptin-metformin extended-release)	Brand Only	saxagliptin-metformin extended-release (generic Kombiglyze XR)	N/A	Brand Only	saxagliptin-metformin extended-release (generic Kombiglyze XR)	N/A
Korlym (mifepristone)	Brand Only	mifepristone (generic Korlym)	N/A	Brand Only	mifepristone (generic Korlym)	N/A
Kuvan (sapropterin)	Brand Only	sapropterin (generic Kuvan)	N/A	Brand Only	sapropterin (generic Kuvan)	N/A
Lactic Acid with Vitamin E (ammonium lactate), Lactic Acid cream and lotion (generic Lac-Hydrin 12%)	Legend Medication (Brand and Generic)	OTC Lac-Hydrin (ammonium lactate)	N/A	Legend Medication (Brand and Generic)	OTC Lac-Hydrin (ammonium lactate)	N/A
Lactulose (generic Kristalose)	Generic Only	lactulose oral solution	N/A	Generic Only	lactulose oral solution	N/A
Lamictal (lamotrigine)	N/A	N/A	N/A	Brand Only	lamotrigine (generic Lamictal)	N/A
Lamictal Chewable Dispersible (lamotrigine tablet for oral suspension)	N/A	N/A	N/A	Brand Only	lamotrigine (generic Lamictal)	N/A
Lamictal ODT (lamotrigine orally-disintegrating tablet)	N/A	N/A	N/A	Brand Only	lamotrigine (generic Lamictal)	N/A
Lamictal XR (lamotrigine extended-release)	Brand and Generic	Use Medical Necessity or Step Therapy	N/A	Brand and Generic	Must try a **four week trial** of **ALL** of the following: **1.** levetiracetam (generic Keppra) **2.** divalproex sodium (generic Depakote) **3.** lamotrigine (generic Lamictal) **4.** carbamazepine (generic Tegretol) **5.** phenytoin (generic Dilantin)	N/A
Lamotrigine orally-disintegrating tablet (generic Lamictal ODT)	N/A	N/A	N/A	Generic Only	lamotrigine immediate-release or chewable tablet (generic Lamictal)	N/A
Lansoprazole-amoxicillin-clarithromycin therapy pack (generic Prevpac)	Generic Only	Must try **ONE** of the following: **1.** Voquezna Dual OR Triple Pak **2.** Omeclamox-Pak	N/A	Generic Only	Must try **BOTH** of the following: **1.** Voquezna Dual **OR** Triple Pak **2.** Omeclamox-Pak	N/A
Lasix ONYU (furosemide subcutaneous cartridge kit)	N/A	N/A	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try furosemide (generic Lasix) **AND** **2.** Must try **TWO** of the following: **a.** bumetanide (generic Bumex) **b.** ethacrynic acid (generic Edecrin) **c.** torsemide (generic Demadex)	N/A
Latuda (lurasidone)	Brand Only	lurasidone (generic Latuda)	N/A	Brand Only	lurasidone (generic Latuda)	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Leqembi IQLIK (lecanemab)	N/A	N/A	N/A	Single Source Brand	Leqembi - medical benefit	N/A
Leqselvi (deuruxolitinib)	Single Source Brand	Must try **BOTH** of the following: **1.** Litfulo **2.** Olumiant	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Litfulo **2.** Olumiant	N/A
Lescol XL (fluvastatin extended-release)	Brand Only	Use Step Therapy	N/A	Brand and Generic	Must try **FIVE** of the following: **1.** atorvastatin (generic Lipitor) **2.** fluvastatin (generic Lescol) **3.** lovastatin (generic Mevacor) **4.** pravastatin (generic Pravachol) **5.** simvastatin (generic Zocor) **6.** rosuvastatin (generic Crestor)	N/A
Letairis (ambrisentan)	Brand Only	ambrisentan (generic Letairis)	N/A	Brand Only	ambrisentan (generic Letairis)	N/A
Levetiracetam 250mg disintegrating soluble (tablet for oral suspension)	Multisource Brand without Generic	Must try **ONE** of the following: **1.** levetiracetam tablet **2.** levetiracetam oral solution (generic Keppra)	N/A	Multisource Brand without Generic	Must try **ONE** of the following: **1.** levetiracetam tablet **2.** levetiracetam oral solution (generic Keppra)	N/A
Levitra (vardenafil)	Brand Only	vardenafil (generic Levitra)	N/A	Brand Only	vardenafil (generic Levitra)	N/A
Levorphanol tablet (generic Levo-Dromoran)	N/A	N/A	N/A	Generic Only	Must try **ALL** of the following: **1.** hydromorphone tablet (generic Dilaudid) **2.** morphine sulfate tablet (generic MSIR) **3.** oxycodone immediate-release tablet (generic Roxicodone)	N/A
Levulan Kerastick (aminolevulinic acid for topical solution)	N/A	N/A	N/A	Single Source Brand	imiquimod 5% cream (generic Aldara)	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Lexapro (escitalopram)	Brand Only	**BOTH of the following:** **1.** Must try escitalopram (generic Lexapro) **AND** **2.** Must try **ONE** of the following: **a.** paroxetine (generic Paxil) **b.** sertraline (generic Zoloft) **c.** fluoxetine (generic Prozac) **d.** citalopram (generic Celexa)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **ALL** of the following: **1.** escitalopram (generic Lexapro) **2.** paroxetine (generic Paxil) **3.** sertraline (generic Zoloft) **4.** fluoxetine (generic Prozac) **5.** citalopram (generic Celexa)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Lexette (halobetasol propionate foam)	Brand and Generic	Must try **ALL** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **OR** clobetasol 0.05% solution (generic Temovate)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **OR** clobetasol 0.05% solution (generic Temovate)	N/A
Lexiva tablet (fosamprenavir)	Brand Only	fosamprenavir (generic Lexiva)	N/A	Brand Only	fosamprenavir (generic Lexiva)	N/A
Lialda (mesalamine delayed-release)	Brand Only	Must try **TWO** of the following: **1.** mesalamine delayed-release (generic Delzicol) **2.** mesalamine delayed-release (generic Lialda) **3.** Apriso	N/A	Brand Only	Must try **ALL** of the following: **1.** mesalamine delayed-release (generic Delzicol) **2.** mesalamine delayed-release (generic Lialda) **3.** Apriso	N/A
Librax (chlordiazepoxide-clidinium)	Brand Only	chlordiazepoxide-clidinium (generic Librax)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** dicyclomine (generic Bentyl) **2.** hyoscyamine (generic Levsin)	N/A
Licart 1.3% patch (diclofenac epolamine)	Single Source Brand	OTC Voltaren gel	N/A	Single Source Brand	OTC Voltaren gel	N/A
Lidoderm (lidocaine 5% patch)	Brand Only	lidocaine transdermal patch (generic Lidoderm)	N/A	Brand Only	lidocaine transdermal patch (generic Lidoderm)	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Lipitor (atorvastatin)	Brand Only	**BOTH of the following:** **1.** Must try atorvastatin (generic for Lipitor) **AND** **2.** Must try **ONE** of the following: **a.** pravastatin (generic Pravachol) **b.** simvastatin (generic Zocor) **c.** lovastatin (generic Mevacor) **d.** rosuvastatin (generic Crestor)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **ALL** of the following: **1.** atorvastatin (generic Lipitor) **2.** lovastatin (generic Mevacor) **3.** pravastatin (generic Pravachol) **4.** simvastatin (generic Zocor) **5.** rosuvastatin (generic Crestor)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Lipofen (fenofibrate capsule)	Brand and Generic	Must try **ONE** of the following: **1.** fenofibrate 48mg, 54mg, 145mg, or 160mg tablet (generic Lofibra, Tricor, Triglide) **OR** **2.** fenofibrate micronized capsule 43mg or 130mg (generic Antara) **OR** **3.** fenofibrate micronized capsule 67mg, 134mg, or 200mg (generic Lofibra, Tricor)	N/A	Brand and Generic	**ALL of the following:** **1.** Must try **ONE** of the following: fenofibrate 48mg, 54mg, 145mg, or 160mg tablet (generic Lofibra, Tricor, Triglide) **AND** **2.** Must try **ONE** of the following: fenofibrate micronized capsule 43mg or 130mg (generic Antara) **AND** **3.** Must try **ONE** of the following: fenofibrate micronized capsule 67mg, 134mg, or 200mg (generic Lofibra, Tricor)	N/A
Livalo (pitavastatin)	Brand and Generic	Use Step Therapy	N/A	Brand and Generic	Must try **FIVE** of the following: **1.** atorvastatin (generic Lipitor) **2.** fluvastatin (generic Lescol) **3.** lovastatin (generic Mevacor) **4.** pravastatin (generic Pravachol) **5.** simvastatin (generic Zocor) **6.** rosuvastatin (generic Crestor)	N/A
Livmarli (maralixibat oral solution)	N/A	N/A	N/A	Single Source Brand	Must try **TWO** of the following: **1.** cholestyramine (generic Questran) **2.** rifampin **3.** naltrexone (generic Revia) **4.** sertraline (generic Zoloft)	N/A

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Locoid Lipocream (hydrocortisone butyrate)	Single Source Brand	hydrocortisone butyrate (generic Locoid) cream **OR** ointment **OR** solution	N/A	Single Source Brand	hydrocortisone butyrate (generic Locoid) cream **OR** ointment **OR** solution	N/A
Locoid Lotion (hydrocortisone butyrate)	Brand and Generic	hydrocortisone butyrate (generic Locoid) cream **OR** ointment **OR** solution	N/A	Brand and Generic	hydrocortisone butyrate (generic Locoid) cream **OR** ointment **OR** solution	N/A
Lodine (etodolac)	Brand Only	etodolac (generic Lodine)	N/A	Brand Only	etodolac (generic Lodine)	N/A
Lodosyn (carbidopa)	Brand Only	carbidopa (generic Lodosyn)	N/A	Brand Only	carbidopa (generic Lodosyn)	N/A
Loestrin 1.5/30 (norethindrone-ethinyl estradiol)	Brand Only	norethindrone-ethinyl estradiol 1.5mg/30mcg [Aurovela, Hailey, Junel 1.5/30, Larin, Microgestin (generic Loestrin 1.5/30)]	N/A	Brand Only	norethindrone-ethinyl estradiol 1.5mg/30mcg [Aurovela, Hailey, Junel 1.5/30, Larin, Microgestin (generic Loestrin 1.5/30)]	N/A
Loestrin 1/20 (norethindrone-ethinyl estradiol)	Brand Only	norethindrone-ethinyl estradiol 1mg/20mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)]	N/A	Brand Only	norethindrone-ethinyl estradiol 1mg/20mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)]	N/A
Loestrin Fe 1.5/30 (norethindrone-ethinyl estradiol-ferrous fumarate)	Brand Only	norethindrone-ethinyl estradiol 1.5mg/30mcg [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, (generic Loestrin FE 1.5/30)]	N/A	Brand Only	norethindrone-ethinyl estradiol 1.5mg/30mcg [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, (generic Loestrin FE 1.5/30)]	N/A
Loestrin Fe 1/20 (norethindrone-ethinyl estradiol-ferrous fumarate)	Brand Only	norethindrone-ethinyl estradiol [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, Tarina FE (generics for Loestrin FE 1/20)]	N/A	Brand Only	norethindrone-ethinyl estradiol [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, Tarina FE (generics for Loestrin FE 1/20)]	N/A
Lofena (diclofenac potassium)	Brand and Generic	diclofenac tablet (generic Cataflam, generic Voltaren)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	diclofenac tablet (generic Cataflam, generic Voltaren)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Lonsurf (trifluridine-tipiracil)	Single Source Brand	Stivarga	N/A	Single Source Brand	Stivarga	N/A
Lopressor oral solution (metoprolol tartrate)	N/A	N/A	N/A	Single Source Brand	metoprolol tablet (generic Lopressor)	N/A
Loprox 0.77% cream (ciclopirox)	Brand Only	ciclopirox 0.77% cream (generic Loprox)	N/A	Brand Only	ciclopirox 0.77% cream (generic Loprox)	N/A
Loprox 0.77% suspension (ciclopirox)	Brand Only	ciclopirox 0.77% suspension (generic Loprox)	N/A	Brand Only	ciclopirox 0.77% suspension (generic Loprox)	N/A
Loprox Shampoo (ciclopirox)	Brand Only	ciclopirox shampoo (generic Loprox Shampoo)	N/A	Brand Only	ciclopirox shampoo (generic Loprox Shampoo)	N/A
Loreev XR (lorazepam extended-release)	Single Source Brand	lorazepam (generic Ativan)	N/A	Single Source Brand	lorazepam (generic Ativan)	N/A
Lorzone (chlorzoxazone)	Brand and Generic	Must try **ALL** of the following: **1.** cyclobenzaprine (generic Flexeril) **2.** carisoprodol (Soma 350mg) **3.** methocarbamol (generic Robaxin) **4.** chlorzoxazone (generic Parafon Forte DSC) **5.** tizanidine (generic Zanaflex tablet)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	Must try **ALL** of the following: **1.** cyclobenzaprine (generic Flexeril) **2.** carisoprodol (Soma 350mg) **3.** methocarbamol (generic Robaxin) **4.** chlorzoxazone (generic Parafon Forte DSC) **5.** tizanidine (generic Zanaflex tablet)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
LoSeasonique (levonorgestrel-ethinyl estradiol and ethinyl estradiol)	N/A	N/A	N/A	Brand Only	levonorgestrel-ethinyl estradiol 0.15mg-0.03mg [Iclevia, Introvale, Jolessa, Setlakin (generics for Seasonale)]	N/A
Lotemax 0.5% ophthalmic suspension (loteprednol)	Brand Only	loteprednol 0.5% ophthalmic suspension (generic Lotemax)	N/A	Brand Only	loteprednol 0.5% ophthalmic suspension (generic Lotemax)	N/A
Lotemax Gel (loteprednol ophthalmic gel)	Brand and Generic	loteprednol 0.5% suspension (generic Lotemax)	N/A	Brand and Generic	loteprednol 0.5% suspension (generic Lotemax)	N/A
Lotrel (amlodipine-benazepril)	Brand Only	amlodipine-benazepril (generic Lotrel)	N/A	Brand Only	amlodipine-benazepril (generic Lotrel)	N/A
Lotrimin 1% cream and topical solution	Legend Medication (Brand and Generic)	OTC Lotrimin (clotrimazole)	N/A	Legend Medication (Brand and Generic)	OTC Lotrimin (clotrimazole)	N/A
Lotronex (alosetron)	Brand Only	alosetron (generic Lotronex)	N/A	Brand Only	alosetron (generic Lotronex)	N/A

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Lovaza (omega-3-acid ethyl esters)	Brand Only	omega-3-acid ethyl esters (generic Lovaza)	N/A	Brand Only	omega-3-acid ethyl esters (generic Lovaza)	N/A
Lovenox (enoxaparin)	Brand Only	enoxaparin (generic Lovenox)	N/A	Brand Only	enoxaparin (generic Lovenox)	N/A
Lunesta (eszopiclone)	Brand Only	Must try a **two week trial** of **TWO** of the following: **1.** zolpidem (generic Ambien) **2.** zaleplon (generic Sonata) **3.** eszopiclone (generic Lunesta)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try a **two week trial** of **ALL** the following: **1.** zolpidem (generic Ambien) **2.** zaleplon (generic Sonata) **3.** eszopiclone (generic Lunesta)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Lupkynis (voclosporin)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** mycophenolate mofetil (generic Cellcept) **2.** prednisone	N/A
Luxiq (betamethasone valerate foam)	Brand and Generic	betamethasone lotion (generic Valisone)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** betamethasone lotion (generic Valisone) **2.** triamcinolone 0.025% lotion (generic Kenalog)	N/A
Luzu (luliconazole)	Multisource Brand without Generic	Must try **TWO** of the following: **1.** ciclopirox (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole (generic Nizoral)	N/A	Multisource Brand without Generic	Must try **ALL** of the following: **1.** ciclopirox (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole (generic Nizoral)	N/A
Lybalvi (olanzapine-samidorphan)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A
Lymepak (doxycycline hyclate)	Single Source Brand	Must try **ALL** of the following: **1.** doxycycline hyclate 100mg (generic Morgidox, Vibramycin) **2.** doxycycline monohydrate 100mg (generic Monodox)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** doxycycline hyclate 100mg (generic Morgidox, Vibramycin) **2.** doxycycline monohydrate 100mg (generic Monodox)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Lynavoy (linerixibat)	N/A	N/A	N/A	Single Source Brand	Must try **TWO** of the following: **1.** cholestyramine (generic Questran) **2.** colesevelam (generic Welchol) **3.** colestipol (generic Colestid) **4.** rifampin **5.** naltrexone (generic Revia) **6.** sertraline (generic Zoloft)	N/A
Lynkuet (elinzanetant)	N/A	N/A	N/A	Single Source Brand	Must try **ONE** of the following: **1.** Hormonal therapy (e.g., estradiol, Premarin, Prempro) **2.** Non-hormonal therapy [e.g., clonidine, gabapentin, selective serotonin reuptake inhibitor (e.g., paroxetine), serotonin and norepinephrine reuptake inhibitor (e.g., venlafaxine)]	N/A
Lyrica capsule (pregabalin)	N/A	N/A	N/A	Brand Only	Must try **BOTH** of the following: **1.** gabapentin (generic Neurontin) **2.** pregabalin capsule (generic Lyrica) **For seizure diagnosis:** APPROVE	N/A
Lyrica CR (pregabalin extended-release)	Brand and Generic	Use Step Therapy	N/A	Brand and Generic	Must try **ALL** of the following: **1.** gabapentin (generic Neurontin) **2.** duloxetine (generic Cymbalta) **3.** amitriptyline (generic Elavil) **4.** pregabalin (generic Lyrica)	N/A
Lyrica oral solution (pregabalin)	N/A	N/A	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** gabapentin (generic Neurontin) **2.** pregabalin capsule (generic Lyrica) **For seizure diagnosis:** APPROVE	N/A
Lyumjev Tempo Pen (insulin lispro-aabc)	Single Source Brand	Must try **ONE** of the following: **1.** Humalog KwikPen **2.** Insulin Lispro KwikPen (unbranded Humalog) **3.** Lyumjev KwikPen	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Humalog KwikPen **2.** Insulin Lispro KwikPen (unbranded Humalog) **3.** Lyumjev KwikPen	N/A
Lyvispah oral granules (baclofen)	Single Source Brand	baclofen oral solution	N/A	Single Source Brand	baclofen oral solution	N/A
Marinol (dronabinol)	Brand Only	dronabinol (generic Marinol)	N/A	Brand Only	dronabinol (generic Marinol)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Marplan (isocarboxazid)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** phenelzine (generic Nardil) **2.** tranylcypromine (generic Parnate)	N/A
Matriapro (prenatal vitamin with ferrous fumarate and folic acid)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A
Maxalt (rizatriptan)	Brand Only	**BOTH of the following:** **1.** Must try rizatriptan (Maxalt/Maxalt-MLT) **AND** **2**. Must try **TWO** of the following: **a.** almotriptan (Axert) **b.** eletriptan (Relpax) **c.** frovatriptan (Frova) **d.** naratriptan (generic Amerge) **e.** sumatriptan (generic Imitrex) **f.** zolmitriptan (Zomig)	N/A	Brand Only	**BOTH of the following:** **1.** Must try rizatriptan (Maxalt/Maxalt-MLT) **AND** **2**. Must try **TWO** of the following: **a.** almotriptan (Axert) **b.** eletriptan (Relpax) **c.** frovatriptan (Frova) **d.** naratriptan (generic Amerge) **e.** sumatriptan (generic Imitrex) **f.** zolmitriptan (Zomig)	N/A
Maxalt-MLT (rizatriptan orally-disintegrating tablet)	Brand Only	**BOTH of the following:** **1.** Must try rizatriptan (Maxalt/Maxalt-MLT) **AND** **2**. Must try **TWO** of the following: **a.** almotriptan (Axert) **b.** eletriptan (Relpax) **c.** frovatriptan (Frova) **d.** naratriptan (generic Amerge) **e.** sumatriptan (generic Imitrex) **f.** zolmitriptan (Zomig)	N/A	Brand Only	**BOTH of the following:** **1.** Must try rizatriptan (Maxalt/Maxalt-MLT) **AND** **2**. Must try **TWO** of the following: **a.** almotriptan (Axert) **b.** eletriptan (Relpax) **c.** frovatriptan (Frova) **d.** naratriptan (generic Amerge) **e.** sumatriptan (generic Imitrex) **f.** zolmitriptan (Zomig)	N/A
Meclizine (generic Antivert)	Legend Medication (Brand and Generic)	OTC Meclizine	N/A	Legend Medication (Brand and Generic)	OTC Meclizine	N/A
Mefenamic acid (generic Ponstel)	N/A	N/A	N/A	Generic Only	Must try **BOTH** of the following: **1.** ibuprofen (generic Motrin) **2.** naproxen (generic Naprosyn)	N/A
Mektovi (binimetinib)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Meloxicam capsule (generic Vivlodex)	Generic Only	meloxicam tablet (generic Mobic)	N/A	Generic Only	meloxicam tablet (generic Mobic)	N/A
Mephyton (phytonadione)	Brand Only	phytonadione (generic Mephyton)	N/A	Brand Only	phytonadione (generic Mephyton)	N/A
Mepron (atovaquone oral suspension)	Brand Only	atovaquone suspension (generic Mepron)	N/A	Brand Only	atovaquone suspension (generic Mepron)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Mesalamine 800mg delayed-release tablet (generic Asacol HD)	Generic Only	Must try **TWO** of the following: **1.** mesalamine delayed-release (generic Delzicol) **2.** mesalamine delayed-release (generic Lialda) **3.** Apriso	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Generic Only	Must try **ALL** of the following: **1.** mesalamine delayed-release (generic Delzicol) **2.** mesalamine delayed-release (generic Lialda) **3.** Apriso	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Mesalamine ER capsule (generic Apriso)	Generic Only	**BOTH of the following:** **1.** Must try Brand Apriso **AND** **2.** Must try **ONE** of the following: **a.** mesalamine delayed-release (generic Delzicol) **b.** mesalamine delayed-release (generic Lialda)	N/A	Generic Only	Must try **ALL** of the following: **1.** Brand Apriso **2.** mesalamine delayed-release (generic Delzicol) **3.** mesalamine delayed-release (generic Lialda)	N/A
Mestinon 60mg tablet (pyridostigmine)	Brand Only	pyridostigmine (generic Mestinon)	N/A	Brand Only	pyridostigmine (generic Mestinon)	N/A
Mestinon Timespan (pyridostigmine extended-release)	Brand Only	pyridostigmine extended-release tablet (generic Mestinon Timespan)	N/A	Brand Only	pyridostigmine extended-release tablet (generic Mestinon Timespan)	N/A
Metadate CD (methylphenidate extended-release capsule)	Brand Only	**BOTH of the following:** **1.** Must try methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA) **AND** **2.** Must try **ONE** of the following: **a.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **b.** dexmethylphenidate extended-release (generic Focalin XR) **c.** lisdexamfetamine (generic Vyvanse)	N/A	Brand Only	**BOTH of the following:** **1.** Must try methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA) **AND** **2.** Must try **ONE** of the following: **a.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **b.** dexmethylphenidate extended-release (generic Focalin XR) **c.** lisdexamfetamine (generic Vyvanse)	N/A

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Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Metaxalone 640mg	Generic Only	Must try **ONE** of the following: **1.** cyclobenzaprine tablet (generic Flexeril) **2.** chlorzoxazone (generic Parafon Forte DSC) **3.** methocarbamol (generic Robaxin) **4.** metaxalone (generic Skelaxin)	N/A	Generic Only	Must try **ALL** of the following: **1.** cyclobenzaprine tablet (generic Flexeril) **2.** chlorzoxazone (generic Parafon Forte DSC) **3.** methocarbamol (generic Robaxin) **4.** metaxalone (generic Skelaxin)	N/A
Metformin 625mg tablet	Generic Only	metformin 500mg **or** 1000mg (generic Glucophage)	N/A	Generic Only	metformin 500mg **or** 1000mg (generic Glucophage)	N/A
Metformin 750mg tablet	Generic Only	metformin 500mg **or** 1000mg (generic Glucophage)	N/A	Generic Only	metformin 500mg **or** 1000mg (generic Glucophage)	N/A
Metformin ER osmotic (generic Fortamet)	Generic Only	Use Medical Necessity	N/A	Generic Only	Use Medical Necessity	N/A
Methocarbamol 1000mg tablet (generic Tanlor)	Generic Only	methocarbamol 500 mg (generic Robaxin)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Generic Only	methocarbamol 500 mg (generic Robaxin)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Methylin (methylphenidate oral solution)	N/A	N/A	N/A	Brand Only	methylphenidate solution (generic Methylin)	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Methylphenidate extended-release tablet	Generic Only	**BOTH of the following:** **1.** Must try methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA) **AND** **2.** Must try **ONE** of the following: **a.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **b.** dexmethylphenidate extended-release (generic Focalin XR) **c.** lisdexamfetamine (generic Vyvanse)	N/A	Generic Only	**BOTH of the following:** **1.** Must try methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA) **AND** **2.** Must try **ONE** of the following: **a.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **b.** dexmethylphenidate extended-release (generic Focalin XR) **c.** lisdexamfetamine (generic Vyvanse)	N/A
Metoclopramide orally-disintegrating tablet (generic Metozolv ODT)	Generic Only	metoclopramide (generic Reglan)	N/A	Generic Only	metoclopramide (generic Reglan)	N/A
Metoprolol 37.5mg and 75mg	Generic Only	metoprolol 25mg **OR** 50mg **OR** 100mg (generic Lopressor)	N/A	Generic Only	metoprolol 25mg **OR** 50mg **OR** 100mg (generic Lopressor)	N/A
Metrogel 1% (metronidazole)	Brand and Generic	metronidazole 0.75% gel (generic Metrogel)	N/A	Brand and Generic	metronidazole 0.75% gel (generic Metrogel)	N/A
Metronidazole 125mg tablet	Generic Only	Take one-half metronidazole 250mg tablet	N/A	Generic Only	Take one-half metronidazole 250mg tablet	N/A
Micardis (telmisartan)	Brand Only	Must try **FIVE** of the following: **1.** candesartan (generic Atacand) **2.** irbesartan (generic Avapro) **3.** losartan (generic Cozaar) **4.** telmisartan (generic Micardis) **5.** valsartan (generic Diovan) **6.** olmesartan (generic Benicar)	N/A	Brand Only	Must try **FIVE** of the following: **1.** candesartan (generic Atacand) **2.** irbesartan (generic Avapro) **3.** losartan (generic Cozaar) **4.** telmisartan (generic Micardis) **5.** valsartan (generic Diovan) **6.** olmesartan (generic Benicar)	N/A
Micardis HCT (telmisartan-hydrochlorothiazide)	Brand Only	Must try **ALL** of the following: **1.** candesartan-hydrochlorothiazide (generic Atacand HCT) **2.** irbesartan-hydrochlorothiazide (generic Avalide) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** valsartan-hydrochlorothiazide (generic Diovan HCT) **5.** olmesartan-hydrochlorothiazide (generic Benicar HCT)	N/A	Brand Only	Must try **ALL** of the following: **1.** candesartan-hydrochlorothiazide (generic Atacand HCT) **2.** irbesartan-hydrochlorothiazide (generic Avalide) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** valsartan-hydrochlorothiazide (generic Diovan HCT) **5.** olmesartan-hydrochlorothiazide (generic Benicar HCT)	N/A

Effective Date: 11/13/2026						
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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Migranal (dihydroergotamine nasal spray)	Brand Only	**ALL of the following:** **1.** Must try dihydroergotamine nasal spray (generic Migranal) **AND** **2.** Must try **ONE** oral triptan [e.g.,almotriptan (Axert), eletriptan (Relpax), rizatriptan (Maxalt/Maxalt MLT), sumatriptan (Imitrex), zolmitriptan (Zomig)] **AND** **3.** Must try **TWO** nasal triptans: **a.** sumatriptan nasal spray (generic Imitrex) **b.** Zomig nasal spray	N/A	Brand and Generic	Must try **ALL** of the following: **1.** naratriptan (generic Amerge) **2.** rizatriptan (generic Maxalt/Maxalt-MLT) **3.** sumatriptan (generic Imitrex) **4.** zolmitriptan (generic Zomig/Zomig-ZMT)	N/A
Millipred (prednisolone)	Single Source Brand	Must try **ONE** of the following: **1.** prednisone tablet **2.** prednisolone tablet	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** prednisone tablet **2.** prednisolone tablet	N/A
Minastrin 24 FE (norethindrone-ethinyl estradiol-ferrous fumarate)	Brand Only	norethindrone-ethinyl estradiol 1mg-20mcg FE (24) chewable [Charlotte 24 FE, Melodetta, Mibelas 24 FE (generic Minastin 24 FE)]	N/A	Brand Only	norethindrone-ethinyl estradiol 1mg-20mcg FE (24) chewable [Charlotte 24 FE, Melodetta, Mibelas 24 FE (generic Minastin 24 FE)]	N/A
Minivelle (estradiol twice-weekly transdermal patch)	Brand Only	estradiol patch (generic Minivelle, generic Vivelle-Dot)	N/A	Brand Only	estradiol patch (generic Minivelle, generic Vivelle-Dot)	N/A
Minocin 100mg (minocycline)	Brand Only	minocycline immediate-release capsule (generic Minocin)	N/A	Brand Only	minocycline immediate-release capsule (generic Minocin)	N/A
Minocycline tablet (Generic Dynacin)	Generic Only	minocycline immediate-release capsule (generic Minocin)	N/A	Generic Only	minocycline immediate-release capsule (generic Minocin)	N/A
Minolira (minocycline extended-release)	Single Source Brand	Must try **ONE** of the following: **1.** minocycline immediate-release capsule (generic Minocin) **2.** minocycline extended-release (generic Solodyn)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** minocycline immediate-release capsule (generic Minocin) **2.** minocycline extended-release (generic Solodyn)	N/A
Mirabegron granules for oral extended-release suspension	Generic Only	oxybutynin solution	N/A	Generic Only	oxybutynin solution	N/A
Mirapex ER (pramipexole extended-release)	Brand and Generic	pramipexole (generic Mirapex)	N/A	Brand and Generic	pramipexole (generic Mirapex)	N/A
Mircette (desogestrel-ethinyl estradiol and ethinyl estradiol)	Brand Only	desogestrel-ethinyl estradiol [Azurette, Bekyree, Kariva, Pimtrea, Simliya, Viorele, Volnea (generic Mircette)]	N/A	Brand Only	desogestrel-ethinyl estradiol [Azurette, Bekyree, Kariva, Pimtrea, Simliya, Viorele, Volnea (generic Mircette)]	N/A
Mobic (meloxicam)	Brand Only	meloxicam (generic Mobic)	N/A	Brand Only	meloxicam (generic Mobic)	N/A

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Motegrity (prucalopride)	Brand Only	Must try **TWO** of the following: **1.** lubiprostone (generic Amitiza) **2.** prucalopride (generic Motegrity) **3.** Linzess	N/A	Brand Only	Must try **TWO** of the following: **1.** lubiprostone (generic Amitiza) **2.** prucalopride (generic Motegrity) **3.** Linzess	N/A
Motofen (difenoxin-atropine)	Single Source Brand	diphenoxylate-atropine (generic Lomotil)	N/A	Single Source Brand	diphenoxylate-atropine (generic Lomotil)	N/A
Motrin Suspension and Pedia-Profen	Legend Medication (Brand and Generic)	OTC Motrin (ibuprofen)	N/A	Legend Medication (Brand and Generic)	OTC Motrin (ibuprofen)	N/A
Movantik (naloxegol)	Single Source Brand	Must try **BOTH** of the following: **1.** lubiprostone (generic Amitiza) **2.** Symproic	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** lubiprostone (generic Amitiza) **2.** Symproic	N/A
MS Contin (morphine sulfate extended-release)	Brand Only	Use Medical Necessity	N/A	Brand Only	morphine sulfate extended-release (generic MS Contin)	N/A
Multaq (dronedarone)	N/A	N/A	N/A	Single Source Brand	amiodarone (generic Cordarone, Pacerone)	N/A
Multivitamin-fluoride chewable (manufactured by Neos Therapeutics)	Generic Only	generic pediatric multivitamin with fluoride	N/A	Generic Only	generic pediatric multivitamin with fluoride	N/A
Multi-Vit-Flor (pediatric multiple vitamins with fluoride chewable)	Single Source Brand	generic pediatric multivitamin with fluoride	N/A	Single Source Brand	generic pediatric multivitamin with fluoride	N/A
Mycapssa (octreotide delayed-release)	Single Source Brand	octreotide (generic Sandostatin)	N/A	Single Source Brand	octreotide (generic Sandostatin)	N/A
Mydayis (amphetamine-dextroamphetamine extended-release)	Brand Only	**BOTH of the following:** **1.** Must try amphetamine-dextroamphetamine extended release 3-bead capsule (generic Mydayis) **AND** **2.** Must try **ONE** of the following: **a.** amphetamine-dextroamphetamine extended-release (generic Adderall XR) **b.** dexmethylphenidate extended-release (generic Focalin XR) **c.** lisdexamfetamine (generic Vyvanse) **d.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A	Brand Only	**BOTH of the following:** **1.** Must try amphetamine-dextroamphetamine extended release 3-bead capsule (generic Mydayis) **AND** **2.** Must try **ONE** of the following: **a.** amphetamine-dextroamphetamine extended-release (generic Adderall XR) **b.** dexmethylphenidate extended-release (generic Focalin XR) **c.** lisdexamfetamine (generic Vyvanse) **d.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Myfortic (mycophenolate sodium delayed-release)	Brand Only	mycophenolate sodium delayed-release (generic Myfortic)	N/A	Brand Only	mycophenolate sodium delayed-release (generic Myfortic)	N/A

Effective Date: 11/13/2026						
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Myrbetriq (mirabegron extended-release)	Brand Only	**ALL of the following:** **1.** Must try mirabegron extended-release (generic Myrbetriq) **2.** Must try **ONE** of the following: **a.** solifenacin (generic Vesicare) **b.** trospium (generic Sanctura) **c.** tolterodine (generic Detrol) **3.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Brand Only	**ALL of the following:** **1.** Must try mirabegron extended-release (generic Myrbetriq) **2.** Must try **ONE** of the following: **a.** solifenacin (generic Vesicare) **b.** trospium (generic Sanctura) **c.** tolterodine (generic Detrol) **3.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Myrbetriq oral suspension (mirabegron extended-release)	Brand Only	**BOTH of the following:** **1.** Must try solifenacin (generic Vesicare) **AND** **2.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Brand Only	**BOTH of the following:** **1.** Must try solifenacin (generic Vesicare) **AND** **2.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Mysoline (primidone)	N/A	N/A	N/A	Brand Only	primidone (generic Mysoline)	N/A
Mytesi (crofelemer delayed-release)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** OTC Imodium **2.** diphenoxylate-atropine (generic Lomotil)	N/A
Naftifine cream (generic Naftin)	Generic Only	Must try **ALL** of the following: **1.** ciclopirox (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole (generic Nizoral)	N/A	Generic Only	Must try **ALL** of the following: **1.** ciclopirox (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole (generic Nizoral)	N/A
Naftin 1% gel (naftifine)	Single Source Brand	Must try **ALL** of the following: **1.** ciclopirox (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole (generic Nizoral)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** ciclopirox (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole (generic Nizoral)	N/A
Naftin 2% gel (naftifine)	Brand and Generic	Must try **ALL** of the following: **1.** ciclopirox (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole (generic Nizoral)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** ciclopirox (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole (generic Nizoral)	N/A
Nalfon (fenoprofen)	Brand and Generic	Must try **ALL** of the following: **1.** ibuprofen (generic Motrin) **2.** naproxen (generic Aleve, Naprosyn)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** ibuprofen (generic Motrin) **2.** naproxen (generic Aleve, Naprosyn)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Nalocet, Oxycodone-acetaminophen 2.5mg-300mg (oxycodone-acetaminophen)	Multisource Brand without Generic	oxycodone-acetaminophen (generic Percocet)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Multisource Brand without Generic	oxycodone-acetaminophen (generic Percocet)	N/A
Namenda (memantine)	Brand Only	Must try **ONE** of the following: **1.** memantine (generic Namenda) **2.** memantine extended-release (generic Namenda XR)	N/A	Brand Only	Must try **ONE** of the following: **1.** memantine (generic Namenda) **2.** memantine extended-release (generic Namenda XR)	N/A
Namenda XR (memantine extended-release)	Brand Only	Must try **ONE** of the following: **1.** memantine (generic Namenda) **2.** memantine extended-release (generic Namenda XR)	N/A	Brand Only	Must try **ONE** of the following: **1.** memantine (generic Namenda) **2.** memantine extended-release (generic Namenda XR)	N/A
Namzaric (memantine-donepezil extended-release)	Brand and Generic	donepezil (generic Aricept) **IN COMBINATION WITH** memantine (generic Namenda)	N/A	Brand and Generic	donepezil (generic Aricept) **IN COMBINATION WITH** memantine (generic Namenda)	N/A
Naprelan (naproxen extended-release)	Brand and Generic	naproxen sodium (generic Naprosyn)	N/A	Brand and Generic	naproxen sodium (generic Naprosyn)	N/A
Naprosyn oral suspension (naproxen)	Brand and Generic	Must try **ALL** of the following: **1.** OTC Naproxen **2.** OTC Ibuprofen suspension	N/A	Brand and Generic	Must try **ALL** of the following: **1.** OTC Naproxen **2.** OTC Ibuprofen suspension	N/A
Naprosyn tablet (naproxen)	Brand Only	naproxen tablet (generic Naprosyn)	N/A	Brand Only	naproxen tablet (generic Naprosyn)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Nasonex (mometasone furoate nasal suspension)	Brand Only	Must try **THREE** of the following: **1.** flunisolide (generic Nasarel) **2.** fluticasone (generic Flonase) **or** OTC Flonase Allergy Relief **or** OTC Flonase Sensimist **3.** mometasone (generic Nasonex) **or** OTC Nasonex 24HR Allergy **4.** OTC Nasacort Allergy 24HR **5.** OTC Rhinocort Allergy Spray **Maryland only:** **1. For diagnosis of chronic rhinosinusitis with nasal polyps**: Must try mometasone nasal spray. **2. For all other indications**: Must try the above alternative(s).	N/A	Brand Only	Must try **THREE** of the following: **1.** flunisolide (generic Nasarel) **2.** fluticasone (generic Flonase) **or** OTC Flonase Allergy Relief **or** OTC Flonase Sensimist **3.** mometasone (generic Nasonex) **or** OTC Nasonex 24HR Allergy **4.** OTC Nasacort Allergy 24HR **5.** OTC Rhinocort Allergy Spray **Maryland only:** **1. For diagnosis of chronic rhinosinusitis with nasal polyps**: Must try mometasone nasal spray. **2. For all other indications**: Must try the above alternative(s).	N/A
Natalcore (prenatal vitamin with ferrous fumarate and folic acid)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A
Natesto (testosterone nasal gel)	Single Source Brand	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Single Source Brand	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A
Natroba (spinosad topical suspension)	Brand Only	spinosad (generic Natroba)	N/A	Brand Only	spinosad (generic Natroba)	N/A
Nebupent (pentamidine for nebulization)	N/A	N/A	N/A	Brand Only	pentamidine (generic Nebupent)	N/A
Neevo DHA (prenatal vitamin)	N/A	N/A	N/A	Single Source Brand	Prenatal Plus	N/A
Neoral (cyclosporine modified)	Brand Only	cyclosporine modified (generic Neoral)	N/A	Brand Only	cyclosporine modified (generic Neoral)	N/A
Neo-Synalar (neomycin-fluocinolone cream)	Single Source Brand	OTC Triple Antibiotic Ointment **IN COMBINATION WITH** fluocinolone 0.025% cream (generic Synalar)	N/A	Single Source Brand	OTC Triple Antibiotic Ointment **IN COMBINATION WITH** fluocinolone 0.025% cream (generic Synalar)	N/A
Neo-Synalar Kit (neomycin-fluocinolone)	Single Source Brand	OTC Triple Antibiotic Ointment **IN COMBINATION WITH** fluocinolone 0.025% cream (generic Synalar)	N/A	Single Source Brand	OTC Triple Antibiotic Ointment **IN COMBINATION WITH** fluocinolone 0.025% cream (generic Synalar)	N/A
Nesina (alogliptin)	Multisource Brand without Generic	Alogliptin (Nesina authorized generic)	N/A	Multisource Brand without Generic	Alogliptin (Nesina authorized generic)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Neuac Kit (clindamycin-benzoyl peroxide)	Single Source Brand	Must try **BOTH** of the following: **1.** clindamycin 1.2%-benzoyl peroxide 5% gel (generic Duac) **2.** clindamycin solution **IN COMBINATION WITH** OTC benzoyl peroxide	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** clindamycin 1.2%-benzoyl peroxide 5% gel (generic Duac) **2.** clindamycin solution **IN COMBINATION WITH** OTC benzoyl peroxide	N/A
Neupogen vial, syringe (filgrastim)	Single Source Brand	**ONE** of the following: **1.** If 12 years of age or younger - Approve **OR** **2.** If 13 years of age or older - Must try **BOTH** Zarxio **and** Nivestym	N/A	Single Source Brand	**ONE** of the following: **1.** If 12 years of age or younger - Approve **OR** **2.** If 13 years of age or older - Must try **BOTH** Zarxio **and** Nivestym	N/A
Neupro (rotigotine patch)	N/A	N/A	N/A	Single Source Brand	**For Parkinson's disease** Must try **ALL** of the following: **1.** pramipexole (generic Mirapex) **2.** ropinirole (generic Requip) **3.** rivastigmine **4.** galantamine **For all other indications** Must try **BOTH** of the following: **1.** pramipexole (generic Mirapex) **2.** ropinirole (generic Requip)	N/A
Neurontin (gabapentin)	N/A	N/A	N/A	Brand Only	gabapentin (generic Neurontin)	N/A
Nexavar (sorafenib)	Brand Only	sorafenib (generic Nexavar)	N/A	Brand Only	sorafenib (generic Nexavar)	N/A
Nexiclon XR, Clonidine extended-release (clonidine extended-release)	Multisource Brand without Generic	clonidine (generic Catapres)	N/A	Multisource Brand without Generic	clonidine (generic Catapres)	N/A
Nexium capsule (esomeprazole)	Legend Medication (Brand and Generic)	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole tablet (generic Protonix) **3.** rabeprazole tablet (generic Aciphex)	N/A	Legend Medication (Brand and Generic)	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole tablet (generic Protonix) **3.** rabeprazole tablet (generic Aciphex)	N/A
Nextstellis (drospirenone-estetrol)	Single Source Brand	Must try **ONE** of the following: **1.** Yaz **2.** Yasmin	N/A	Single Source Brand	Must try **ONE** of the following: **1.** Yaz **2.** Yasmin	N/A
Niacin ER (niacin extended-release)	N/A	N/A	N/A	Generic Only	niacin extended-release (generic Niaspan)	N/A
Niacor (niacin)	Generic Only	Must try **ONE** of the following: **1.** niacin extended-release (generic Niaspan) **2.** Niaspan	N/A	Generic Only	Niaspan	N/A

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Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Niaspan (niacin extended-release)	Brand Only	niacin extended-release (generic Niaspan)	N/A	Brand Only	niacin extended-release (generic Niaspan)	N/A
Nilandron (nilutamide)	Brand and Generic	bicalutamide (generic Casodex)	N/A	Brand and Generic	bicalutamide (generic Casodex)	N/A
Nitisinone (generic Orfadin)	Generic Only	Orfadin	N/A	Generic Only	Orfadin	N/A
Nitrofurantoin 50mg/5mL oral suspension	Single Source Brand	nitrofurantoin 25mg/5mL oral suspension	N/A	Single Source Brand	nitrofurantoin 25mg/5mL oral suspension	N/A
Nitrolingual (nitroglycerin spray)	Brand and Generic	Must try **ONE** of the following: **1.** nitroglycerin spray (generic NitroMist) **2.** nitroglycerin sublingual tablet (generic Nitrostat)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** nitroglycerin spray (generic NitroMist) **2.** nitroglycerin sublingual tablet (generic Nitrostat)	N/A
Nityr (nitisinone)	Single Source Brand	Orfadin	N/A	Single Source Brand	Orfadin	N/A
Norgesic (orphenadrine-aspirin-caffeine)	Multisource Brand without Generic	Must try **ONE** of the following: **1.** OTC aspirin **IN COMBINATION WITH** cyclobenzaprine tablet (generic Flexeril) **2.** chlorzoxazone (generic Parafon Forte DSC) **3.** methocarbamol (generic Robaxin) **4.** orphenadrine extended-release (generic Norflex) **5.** tizanidine tablet (generic Zanaflex)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Multisource Brand without Generic	Must try **ONE** of the following: **1.** OTC aspirin **IN COMBINATION WITH** cyclobenzaprine tablet (generic Flexeril) **2.** chlorzoxazone (generic Parafon Forte DSC) **3.** methocarbamol (generic Robaxin) **4.** orphenadrine extended-release (generic Norflex) **5.** tizanidine tablet (generic Zanaflex)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Norgesic Forte, Orphengesic Forte (orphenadrine-aspirin-caffeine)	Multisource Brand without Generic	Must try **ONE** of the following: **1.** OTC aspirin **IN COMBINATION WITH** cyclobenzaprine tablet (generic Flexeril) **2.** chlorzoxazone (generic Parafon Forte DSC) **3.** methocarbamol (generic Robaxin) **4.** orphenadrine extended-release (generic Norflex) **5.** tizanidine tablet (generic Zanaflex)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Multisource Brand without Generic	Must try **ONE** of the following: **1.** OTC aspirin **IN COMBINATION WITH** cyclobenzaprine tablet (generic Flexeril) **2.** chlorzoxazone (generic Parafon Forte DSC) **3.** methocarbamol (generic Robaxin) **4.** orphenadrine extended-release (generic Norflex) **5.** tizanidine tablet (generic Zanaflex)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Noritate (metronidazole cream)	Single Source Brand	Must try **ONE** of the following: **1.** metronidazole 0.75% cream (generic Metrocream) **2.** metronidazole 0.75% gel (generic Metrogel)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Single Source Brand	Must try **ONE** of the following: **1.** metronidazole 0.75% cream (generic Metrocream) **2.** metronidazole 0.75% gel (generic Metrogel)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Northera (droxidopa)	Brand Only	droxidopa (generic Northera)	N/A	Brand and Generic	Use Medical Necessity	N/A
Norvasc (amlodipine)	Brand Only	amlodipine (generic Norvasc)	N/A	Brand Only	amlodipine (generic Norvasc)	N/A
Norvir (ritonavir)	Brand Only	ritonavir tablet (generic Norvir)	N/A	Brand Only	ritonavir tablet (generic Norvir)	N/A
Nourianz (istradefylline)	N/A	N/A	N/A	Single Source Brand	Use Medical Necessity	N/A
Novolin 70/30, Novolin 70/30 Relion (NPH and Regular insulin)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Novolin N, Novolin N Relion (NPH insulin)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Novolin R, Novolin R Relion (Regular insulin)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Novolog (Aspart insulin) (all dosage forms)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Noxafil tablet (posaconazole delayed-release)	Brand Only	posaconazole tablet (generic Noxafil)	N/A	Brand Only	posaconazole tablet (generic Noxafil)	N/A
Nuedexta (dextromethorphan-quinidine)	Brand Only	dextromethorphan/ quinidine (generic Nuedexta)	N/A	Brand Only	dextromethorphan/ quinidine (generic Nuedexta)	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Nurtiva (prenatal vitamin with ferrous fumarate and folic acid)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A
Nutrichew (prenatal vitamin with ferrous fumarate and folic acid)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A
Nutrivex (prenatal vitamin with ferrous fumarate and folic acid)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A
Nutropin AQ NuSpin (somatropin)	Single Source Brand	Must try **BOTH** of the following: **1.** Norditropin FlexPro **2.** Omnitrope	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Norditropin FlexPro **2.** Omnitrope	N/A
NuvaRing (etonogestrel-ethinyl estradiol ring)	Brand only	Must try **ONE** of the following: **1.** etonogestrel-ethinyl estradiol vaginal ring (generic NuvaRing) **2.** Eluryng (generic NuvaRing)	N/A	Brand Only	Must try **ONE** of the following: **1.** etonogestrel-ethinyl estradiol vaginal ring (generic NuvaRing) **2.** Eluryng (generic NuvaRing)	N/A
Nuvessa (metronidazole vaginal gel)	Single Source Brand	metronidazole 0.75% vaginal gel (generic Metrogel-Vaginal)	N/A	Single Source Brand	metronidazole 0.75% vaginal gel (generic Metrogel-Vaginal)	N/A
Nuvigil (armodafinil)	Brand Only	armodafinil (generic Nuvigil)	N/A	Brand Only	armodafinil (generic Nuvigil)	N/A
Nypozi (filgrastim-txid)	Single Source Brand	Must try **BOTH** of the following: **1.** Zarxio **2.** Nivestym	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Zarxio **2.** Nivestym	N/A
Nyvepria (pegfilgrastim-apgf)	Single Source Brand	Must try **BOTH** of the following: **1.** Neulasta **2.** Udenyca	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Neulasta **2.** Udenyca	N/A
Ofev (nintedanib)	N/A	N/A	N/A	Single Source Brand	pirfenidone (generic Esbriet)	N/A
Ohtuvayre (ensifentrine inhalation suspension)	N/A	N/A	N/A	Single Source Brand	Must try **TWO** of the following: **1. ONE** long-acting beta-agonist [LABA (e.g., Serevent Diskus)] **2. ONE** long-acting antimuscarinic agent [LAMA (e.g., Spiriva Respimat/HandiHaler)] **3. ONE** LABA/LAMA (e.g., Anoro Ellipta, Bevespi Aerosphere, Stiolto Respimat) **4. ONE** ISC/LABA/LAMA (i.e., Breztri Aerosphere, Trelegy Ellipta) **5. ONE** selective phosphodiesterase 4 (PDE4) inhibitor [i.e., roflumilast (generic Daliresp)]	N/A
Olpruva oral packet (sodium phenylbutyrate)	Single Source Brand	sodium phenylbutyrate (generic Buphenyl)	N/A	Single Source Brand	sodium phenylbutyrate (generic Buphenyl)	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Olux (clobetasol propionate foam)	Brand and Generic	Must try **BOTH** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **OR** clobetasol 0.05% solution (generic Temovate)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **OR** clobetasol 0.05% solution (generic Temovate)	N/A
Olux-E (clobetasol propionate emulsion foam)	Brand and Generic	Must try **BOTH** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **OR** clobetasol 0.05% solution (generic Temovate)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** betamethasone 0.05% augmented gel (generic Diprolene) **2.** clobetasol propionate 0.05% gel (generic Temovate) **OR** clobetasol 0.05% solution (generic Temovate)	N/A
Omnaris (ciclesonide nasal suspension)	Single Source Brand	Must try **THREE** of the following: **1.** flunisolide (generic Nasarel) **2.** fluticasone (generic Flonase) **or** OTC Flonase Allergy Relief **or** OTC Flonase Sensimist **3.** mometasone (generic Nasonex) **or** OTC Nasonex 24HR Allergy **4.** OTC Nasacort Allergy 24HR **5.** OTC Rhinocort Allergy Spray	N/A	Single Source Brand	Must try **THREE** of the following: **1.** flunisolide (generic Nasarel) **2.** fluticasone (generic Flonase) **or** OTC Flonase Allergy Relief **or** OTC Flonase Sensimist **3.** mometasone (generic Nasonex) **or** OTC Nasonex 24HR Allergy **4.** OTC Nasacort Allergy 24HR **5.** OTC Rhinocort Allergy Spray	N/A
Ondansetron 16mg ODT (orally-disintegrating tablet)	Generic Only	ondansetron 4mg **OR** 8mg (generic Zofran, generic Zofran ODT)	N/A	Generic Only	Must try **BOTH** of the following: **1.** ondansetron 4mg (generic Zofran, generic Zofran ODT) **2.** ondansetron 8mg (generic Zofran, generic Zofran ODT)	N/A
Onexton 1.2-3.75% (clindamycin-benzoyl peroxide)	Brand and Generic	Must try **ONE** of the following: **1.** clindamycin topical solution (generic Cleocin T) **IN COMBINATION WITH** OTC benzoyl peroxide **OR** **2.** clindamycin-benzoyl peroxide 1.2%-5% (generic Duac)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** clindamycin topical solution (generic Cleocin T) **IN COMBINATION WITH** OTC benzoyl peroxide **AND** **2.** clindamycin-benzoyl peroxide 1.2%-5% (generic Duac)	N/A
Ongentys (opicapone)	Single Source Brand	Must try **TWO** of the following: **1.** carbidopa-levodopa (generic Sinemet) **2.** entacapone (generic Comtan) **3.** tolcapone (generic Tasmar)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** carbidopa-levodopa (generic Sinemet) **2.** entacapone (generic Comtan)	N/A
Onglyza (saxagliptin)	Brand Only	saxagliptin (generic Onglyza)	N/A	Brand Only	saxagliptin (generic Onglyza)	N/A
Ontralfy (tizanidine oral solution)	N/A	N/A	N/A	Single Source Brand	tizanidine (generic Zanaflex)	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Onzetra Xsail (sumatriptan nasal powder)	Single Source Brand	sumatriptan nasal spray (generic Imitrex)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** sumatriptan nasal spray (generic Imitrex) **2.** Zomig nasal spray	N/A
Opipza (aripiprazole film)	Single Source Brand	**BOTH of the following:** **1.** Must try aripiprazole (generic Abilify) **AND** **2.** Must try **TWO** of the following: **a.** olanzapine (generic Zyprexa) **b.** quetiapine (generic Seroquel) **c.** risperidone (generic Risperdal) **d.** ziprasidone (generic Geodon)	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try aripiprazole (generic Abilify) **AND** **2.** Must try **TWO** of the following: **a.** olanzapine (generic Zyprexa) **b.** quetiapine (generic Seroquel) **c.** risperidone (generic Risperdal) **d.** ziprasidone (generic Geodon)	N/A
Opsynvi (macitentan-tadalafil)	Single Source Brand	tadalafil (generic Adcirca) **IN COMBINATION WITH** Opsumit	N/A	Single Source Brand	tadalafil (generic Adcirca) **IN COMBINATION WITH** Opsumit	N/A
Opzelura (ruxolitinib)	N/A	N/A	N/A	Single Source Brand	Use Medical Necessity	N/A
Oracea (doxycycline delayed-release)	Brand and Generic	Must try **ONE** of the following: **1.** doxycycline hyclate 50 mg or 100 mg (generic Morgidox, Vibramycin) **2.** doxycycline hyclate 20 mg (generic Periostat) **3.** doxycycline monohydrate 50 mg or 100 mg (generic Monodox)	N/A	Brand and Generic	Must try **ONE** of the following: **1.** doxycycline hyclate 50 mg or 100 mg (generic Morgidox, Vibramycin) **2.** doxycycline hyclate 20 mg (generic Periostat) **3.** doxycycline monohydrate 50 mg or 100 mg (generic Monodox)	N/A
Orladeyo (berotralstat)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A
Ormalvi (dichlorphenamide)	Brand Only	dichlorphenamide (generic Keveyis)	N/A	Brand Only	dichlorphenamide (generic Keveyis)	N/A
Ortho Tri-Cyclen Lo (norgestimate-ethinyl estradiol)	Brand Only	norgestimate-ethinyl estradiol Lo 0.18-0.215-0.25/0.025 mg [Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Sprintec, Trinessa Lo (branded generics of Ortho Tri-Cyclen Lo)]	N/A	Brand Only	norgestimate/ethinyl estradiol Lo 0.18-0.215-0.25/0.025 mg [Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Sprintec, Trinessa Lo (branded generics Ortho Tri-Cyclen Lo)]	N/A
Ortikos (budesonide extended-release)	Single Source Brand	budesonide extended-release (generic Entocort EC)	N/A	Single Source Brand	budesonide extended-release (generic Entocort EC)	N/A
Orudis (ketoprofen)	Brand and Generic	Use Step Therapy	N/A	Brand and Generic	Must try **ALL** of the following: **1.** diclofenac (generic Cataflam, Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** ibuprofen (generic Motrin) **4.** naproxen (generic Naprosyn)	N/A
Oseni (alogliptin-pioglitzaone)	Multisource Brand without Generic	Alogliptin-Pioglitazone (Oseni authorized generic)	N/A	Multisource Brand without Generic	Alogliptin-Pioglitazone (Oseni authorized generic)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Osmolex ER (amantadine extended-release)	Single Source Brand	amantadine immediate-release	N/A	Single Source Brand	amantadine immediate-release	N/A
OsmoPrep (sodium phosphate [dibasic]-sodium phosphate [monobasic])	Single Source Brand	Must try **ONE** of the following: **1.** OTC Miralax **2.** PEG (generic Golytely) **3.** Sutab **4.** Suprep	N/A	Single Source Brand	Must try **ALL** of the following: **1.** OTC Miralax **2.** PEG (generic Golytely) **3.** Sutab **4.** Suprep	N/A
Otovel (ciprofloxacin-fluocinolone otic solution)	Multisource Brand without Generic	Must try **ONE** of the following: **1.** ofloxacin 0.3% solution (generic Floxin, Ocuflox) **2.** ciprofloxacin-dexamethasone otic suspension (generic Ciprodex)	N/A	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** ofloxacin 0.3% solution (generic Floxin, Ocuflox) **2.** ciprofloxacin-dexamethasone otic suspension (generic Ciprodex)	N/A
Otrexup (methotrexate PF)	Single Source Brand	Must try **BOTH** of the following: **1.** oral methotrexate tablet **2.** Rasuvo	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **BOTH** of the following: **1.** oral methotrexate tablet **2.** Rasuvo	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Otulfi (ustekinumab-aauz)	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A
Ovace Plus 9.8% foam (sulfacetamide sodium)	Single Source Brand	sulfacetamide sodium 10% lotion **OR** gel	N/A	Single Source Brand	sulfacetamide sodium 10% lotion **OR** gel	N/A
Ovace Plus 9.8% lotion (sulfacetamide sodium)	Single Source Brand	sulfacetamide sodium 10% lotion **OR** gel	N/A	Single Source Brand	sulfacetamide sodium 10% lotion **OR** gel	N/A
Oxaydo (oxycodone)	Single Source Brand	oxycodone immediate-release (generic Roxicodone)	N/A	Single Source Brand	oxycodone immediate-release (generic Roxicodone)	N/A
Oxistat cream (oxiconazole)	N/A	N/A	N/A	Brand and Generic	Must try **ALL** of the following: **1.** ciclopirox 0.77% (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole 2% (generic Nizoral)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Oxistat lotion (oxiconazole)	Single Source Brand	Must try **TWO** of the following: **1.** ciclopirox 0.77% (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole 2% (generic Nizoral)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** ciclopirox 0.77% (generic Loprox) **2.** econazole (generic Spectazole) **3.** ketoconazole 2% (generic Nizoral)	N/A
Oxtellar XR (oxcarbazepine extended-release)	Brand and Generic	Must try **ONE** of the following: **1.** oxcarbazepine **2.** Trileptal	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	Must try **ONE** of the following: **1.** oxcarbazepine **2.** Trileptal	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Oxycodone 10mg abuse deterrent tablet	Multisource Brand without Generic	oxycodone immediate-release (generic Roxicodone)	N/A	Multisource Brand without Generic	oxycodone immediate-release (generic Roxicodone)	N/A
Oxycodone-acetaminophen oral solution	Multisource Brand without Generic	oxycodone-acetaminophen (generic Percocet)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Multisource Brand without Generic	oxycodone-acetaminophen (generic Percocet)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Oxycontin (oxycodone extended-release)	Multisource Brand without Generic	Use Medical Necessity	N/A	Multisource Brand without Generic	Use Medical Necessity	N/A
Oxytrol (oxybutynin transdermal patch)	Legend Medication (Brand and Generic)	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c.** trospium (generic Sanctura)	N/A	Legend Medication (Brand and Generic)	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c.** trospium (generic Sanctura)	N/A
Palsonify (paltusotine)	Single Source Brand	Must try **BOTH** of the following: **1.** octreotide (generic Sandostatin) **2.** Somavert	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** octreotide (generic Sandostatin) **2.** Somavert	N/A
Palynziq (pegvaliase)	N/A	N/A	N/A	Single Source Brand	sapropterin (generic Kuvan)	N/A
Pamelor (nortriptyline)	Brand Only	nortriptyline (generic Pamelor)	N/A	Brand Only	nortriptyline (generic Pamelor)	N/A
Pancreaze (pancrelipase delayed--release)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Creon **2.** Zenpep	N/A
Parlodel (bromocriptine)	Brand only	bromocriptine (generic Parlodel)	N/A	Brand Only	bromocriptine (generic Parlodel)	N/A
Pataday (olopatadine ophthalmic solution)	N/A	N/A	N/A	Brand and Generic	Must try **ALL** of the following: **1.** OTC ketotifen (Zaditor) **2.** OTC olopatadine (Pataday) **3.** OTC Lastacaft **4.** azelastine ophthalmic solution (generic Optivar) **5.** epinastine (generic Elestat)	N/A
Paxil (paroxetine)	Brand Only	paroxetine (generic Paxil)	N/A	Brand Only	paroxetine (generic Paxil)	N/A
Paxil CR (paroxetine extended-release)	Brand Only	paroxetine extended-release (generic Paxil CR)	N/A	Brand Only	paroxetine extended-release (generic Paxil CR)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Pennsaid 2% solution (diclofenac sodium)	Brand and Generic	OTC Voltaren Gel	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	OTC Voltaren Gel	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Pentasa (mesalamine extended-release)	Brand and Generic	Must try **TWO** of the following: **1.** mesalamine delayed-release (generic Delzicol) **2.** mesalamine delayed-release (generic Lialda) **3.** Apriso	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **ALL** of the following: **1.** mesalamine delayed-release (generic Delzicol) **2.** mesalamine delayed-release (generic Lialda) **3.** Apriso	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Pepcid tablet (famotidine)	Legend Medication (Brand and Generic)	OTC Pepcid AC (famotidine)	N/A	Legend Medication (Brand and Generic)	OTC Pepcid AC (famotidine)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Percocet (oxycodone-acetaminophen)	Brand Only	oxycodone-acetaminophen (generic Percocet)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	oxycodone-acetaminophen (generic Percocet)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Perforomist (formoterol nebulizer solution)	N/A	N/A	N/A	Brand and Generic	arformoterol nebulizer solution (generic Brovana)	N/A
Pexeva (paroxetine)	Single Source Brand	paroxetine (generic Paxil)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	paroxetine (generic Paxil)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Pheburane (sodium phenylbutyrate oral pellet)	Single Source Brand	sodium phenylbutyrate (generic Buphenyl)	N/A	Single Source Brand	sodium phenylbutyrate (generic Buphenyl)	N/A
Phexxi gel (lactic acid-citric acid-potassium bitartrate)	Single Source Brand	OTC spermicide	N/A	Single Source Brand	OTC spermicide	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Phyrago (dasatinib)	Single Source Brand	dasatinib (generic Sprycel)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	dasatinib (generic Sprycel)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Pifeltro (doravirine)	Single Source Brand	Must try **ONE** of the following: **1.** Symfi **2.** Symfi Lo **3.** Triumeq	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Symfi **2.** Symfi Lo **3.** Triumeq	N/A
Plaquenil (hydroxychloroquine)	Brand Only	hydroxychloroquine (generic Plaquenil)	N/A	Brand Only	hydroxychloroquine (generic Plaquenil)	N/A
Plavix (clopidogrel)	Brand Only	clopidogrel (generic Plavix)	N/A	Brand Only	clopidogrel (generic Plavix)	N/A
Plexion 9.8-4.8% cream, liquid, lotion (sulfacetamide sodium with sulfur)	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A
Plexion Cleansing Cloth 9.8%-4.8% (sulfacetamide sodium with sulfur cleansing cloth)	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A
PNV Prenatol (prenatal vitamin with ferrous fumarate and folic acid)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A

Effective Date: 11/13/2026						
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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Pokonza (potassium chloride powder packet for oral suspension)	Single Source Brand	potassium chloride capsule **OR** packet **OR** tablet (generic Klor-con, generic Micro-K)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	potassium chloride capsule **OR** packet **OR** tablet (generic Klor-con, generic Micro-K)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Poly-Vi-Flor (pediatric multiple vitamins with fluoride chewable)	Single Source Brand	generic pediatric multivitamin with fluoride	N/A	Single Source Brand	generic pediatric multivitamin with fluoride	N/A
Pomalyst (pomalidomide)	Brand Only	pomalidomide (generic Pomalyst)	N/A	Brand Only	pomalidomide (generic Pomalyst)	N/A
Ponvory (ponesimod)	Single Source Brand	fingolimod (generic Gilenya)	N/A	Single Source Brand	fingolimod (generic Gilenya)	N/A
Pradaxa capsule (dabigatran)	Brand Only	dabigatran capsule (generic Pradaxa)	N/A	Brand Only	dabigatran capsule (generic Pradaxa)	N/A
Pradaxa pellet pack (dabigatran)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Eliquis **2.** dabigatran capsule **3.** Xarelto	N/A
Praluent (alirocumab)	Single Source Brand	Use Medical Necessity or Step Therapy	N/A	Single Source Brand	Use Medical Necessity	N/A
Pred Forte 1% (prednisolone acetate ophthalmic suspension)	Brand Only	prednisolone 1% ophthalmic suspension (generic Pred Forte)	N/A	Brand Only	prednisolone 1% ophthalmic suspension (generic Pred Forte)	N/A
Prednisolone 5mg tablet (generic Millipred)	Generic Only	Must try **ONE** of the following: **1.** prednisolone oral solution 2. prednisone tablet	N/A	Generic Only	Must try **BOTH** of the following: **1.** prednisolone oral solution 2. prednisone tablet	N/A
Prednisolone oral solution 5mg/5mL, 10mg/5mL, 20mg/5mL, 25mg/5mL	Generic Only	prednisolone sodium phosphate 15mg/5mL (generic Prelone)	N/A	Generic Only	prednisolone sodium phosphate 15mg/5mL (generic Prelone)	N/A
PreGenna (prenatal tablet)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A
Prenara (prenatal/postnatal vitamin)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Prenatol-M (prenatal multivitamin)	Single Source Brand	generic prenatal multivitamin	N/A	Single Source Brand	generic prenatal multivitamin	N/A
Prenatrix (multivitamin)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A
Prenova Plus (prenatal vitamin with ferrous bisglycinate chelate and folic acid)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A
Prenyvia (prenatal vitamin and minerals with folic acid and fish oil)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A
Prescription benzoyl peroxide products Note: Multiple strengths and dosage forms are included (e.g., cleanser, cleansing pad, cream, creamy wash, gel, etc.)	Brand and Generic	Must try **TWO** OTC benzoyl peroxide formulations	N/A	Brand and Generic	Must try **TWO** OTC benzoyl peroxide formulations	N/A
Prestalia (perindopril-amlodipine)	Single Source Brand	perindopril (generic Aceon) **IN COMBINATION WITH** amlodipine (generic Norvasc)	N/A	Single Source Brand	perindopril (generic Aceon) **IN COMBINATION WITH** amlodipine (generic Norvasc)	N/A
Prevacid capsule (lansoprazole delayed-release)	Legend Medication (Brand and Generic)	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole tablet (generic Protonix) **3.** rabeprazole tablet (generic Aciphex) **4.** OTC Prevacid 24 hour	N/A	Legend Medication (Brand and Generic)	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole tablet (generic Protonix) **3.** rabeprazole tablet (generic Aciphex) **4.** OTC Prevacid 24 hour	N/A
Prevacid SoluTab (lansoprazole delayed-release orally-disintegrating tablet)	Brand Only	Use Step Therapy	N/A	Brand Only	Must try **BOTH** of the following: **1.** Nexium Suspension (esomeprazole) **2.** lansoprazole orally-disintegrating tablet (generic Prevacid SoluTab)	N/A
Prezista (darunavir)	Brand Only	darunavir (generic Prezista)	N/A	Brand Only	darunavir (generic Prezista)	N/A
Prilosec oral suspension packet (omeprazole delayed-release granules for supension)	Single Source Brand	Must try **BOTH** of the following: **1.** Nexium suspension (esomeprazole) **2.** lansoprazole orally-disintegrating tablet (generic Prevacid SoluTab)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Nexium Suspension (esomeprazole) **2.** lansoprazole orally-disintegrating tablet (generic Prevacid SoluTab)	N/A
Pristiq (desvenlafaxine succinate extended-release)	Brand Only	Must try **BOTH** of the following: **1.** venlafaxine extended-release capsule (generic Effexor XR) **2.** desvenlafaxine succinate ER (generic Pristiq)	N/A	Brand Only	Must try **BOTH** of the following: **1.** venlafaxine extended-release capsule (generic Effexor XR) **2.** desvenlafaxine succinate ER (generic Pristiq)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
ProAir Digihaler (albuterol sulfate with sensor)	Single Source Brand	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA, generic Ventolin HFA)	N/A	Single Source Brand	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA, generic Ventolin HFA)	N/A
ProAir RespiClick (albuterol sulfate)	Single Source Brand	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA, generic Ventolin HFA)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA, generic Ventolin HFA)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Procardia XL (nifedipine extended-release)	Brand Only	nifedipine extended-release tablet (generic Procardia XL)	N/A	Brand Only	nifedipine extended-release tablet (generic Procardia XL)	N/A
ProCentra (dextroamphetamine oral solution)	N/A	N/A	N/A	Brand Only	dextroamphetamine oral solution (generic ProCentra)	N/A
ProCort (hydrocortisone-pramoxine cream)	Single Source Brand	hydrocortisone acetate-pramoxine	N/A	Single Source Brand	hydrocortisone acetate-pramoxine	N/A
Procrit (epoetin alfa)	Single Source Brand	Retacrit	N/A	Single Source Brand	Retacrit	N/A
Proctocort (hydrocortisone)	Brand Only	Must try **ONE** of the following: **1.** hydrocortisone 1% cream (generic Proctocort) **2.** hydrocortisone 30 mg suppository (generic Proctocort)	N/A	Brand Only	Must try **BOTH** of the following: **1.** hydrocortisone 1% cream (generic Proctocort) **2.** hydrocortisone 30 mg suppository (generic Proctocort)	N/A
Procysbi (cysteamine)	N/A	N/A	N/A	Single Source Brand	Cystagon	N/A
Proglycem (diazoxide oral suspension)	Brand Only	diazoxide (generic Proglycem)	N/A	Brand Only	diazoxide (generic Proglycem)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Prolate (oxycodone-acetaminophen)	Multisource Brand without Generic	oxycodone-acetaminophen (generic Percocet)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Multisource Brand without Generic	oxycodone-acetaminophen (generic Percocet)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Prolensa (bromfenac 0.07% ophthalmic solution)	Brand and Generic	Must try **ALL** of the following: **1.** bromfenac ophthalmic solution (generic Bromday, Xibrom) **2.** diclofenac ophthalmic solution (generic Voltaren) **3.** ketorolac ophthalmic solution (generic Acular) **4.** Nevanac	N/A	Brand and Generic	Must try **ALL** of the following: **1.** bromfenac ophthalmic solution (generic Bromday, Xibrom) **2.** diclofenac ophthalmic solution (generic Voltaren) **3.** ketorolac ophthalmic solution (generic Acular) **4.** Nevanac	N/A
Promacta tablet (eltrombopag)	Brand and Generic	Must try **BOTH** of the following: **1.** Alvaiz **2.** Doptelet	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	Must try **BOTH** of the following: **1.** Alvaiz **2.** Doptelet	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Prometrium (progesterone)	Brand Only	progesterone (generic Prometrium)	N/A	Brand Only	progesterone (generic Prometrium)	N/A
Proscar (finasteride)	Brand Only	finasteride (generic Proscar)	N/A	Brand Only	finasteride (generic Proscar)	N/A
Protonix (pantoprazole)	Brand Only	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole (generic Protonix) **3.** rabeprazole (generic Aciphex)	N/A	Brand Only	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole (generic Protonix) **3.** rabeprazole (generic Aciphex)	N/A
Protonix granules for oral suspension (pantoprazole delayed-release)	Brand and Generic	Must try **BOTH** of the following: **1.** Nexium suspension (esomeprazole) **2.** lansoprazole orally-disintegrating tablet (generic Prevacid SoluTab)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** Nexium Suspension (esomeprazole) **2.** lansoprazole orally-disintegrating tablet (generic Prevacid SoluTab)	N/A
Proventil HFA (albuterol sulfate)	Brand Only	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA, generic Ventolin HFA)	N/A	Brand Only	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA, generic Ventolin HFA)	N/A
Provigil (modafinil)	Brand Only	modafinil	N/A	Brand Only	modafinil	N/A
Prozac (fluoxetine)	Brand Only	**BOTH of the following:** **1.** Must try fluoxetine (generic Prozac) **AND** **2.** Must try **ONE** of the following: **a.** paroxetine (generic Paxil) **b.** sertraline (generic Zoloft) **c.** citalopram (generic Celexa) **d.** escitalopram (generic Lexapro)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **ALL** of the following: **1.** fluoxetine (generic Prozac) **2.** paroxetine (generic Paxil) **3.** sertraline (generic Zoloft) **4.** citalopram (generic Celexa) **5.** escitalopram (generic Lexapro)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Prudoxin (doxepin cream)	Brand Only	Must try **ONE** of the following: **1.** betamethasone dipropionate cream 0.05% (generic Diprosone), **2.** desoximetasone cream 0.05% (generic Topicort), **3.** fluocinonide cream 0.05% (generic Lidex), **4.** mometasone furoate cream 0.1% (generic Elocon), **5.** triamcinolone acetonide cream 0.5% (generic Aristocort)	N/A	Brand Only	Must try **ALL** of the following: **1.** betamethasone dipropionate cream 0.05% (generic Diprosone), **2.** desoximetasone cream 0.05% (generic Topicort), **3.** fluocinonide cream 0.05% (generic Lidex), **4.** mometasone furoate cream 0.1% (generic Elocon), **5.** triamcinolone acetonide cream 0.5% (generic Aristocort)	N/A
Pulmicort Flexhaler (budesonide)	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** Arnuity Ellipta **2.** QVAR RediHaler	N/A
Pulmicort inhalation suspension (budesonide)	Brand Only	budesonide inhalation suspension (generic Pulmicort)	N/A	Brand Only	budesonide inhalation suspension (generic Pulmicort)	N/A
Pylera (bismuth subcitrate potassium-metronidazole-tetracycline)	N/A	N/A	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** Omeclamox-Pak **2.** Voquezna Dual **OR** Triple Pak	N/A
Pyquvi (deflazacort suspension)	Generic Only	Use Medical Necessity	N/A	Generic Only	Use Medical Necessity	N/A
Pyridostigmine 30mg (generic Mestinon)	Generic Only	pyridostigmine 60 mg (generic Mestinon)	N/A	Generic Only	pyridostigmine 60 mg (generic Mestinon)	N/A
Pyzchiva (ustekinumab-ttwe)	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A
Qdolo (tramadol oral solution)	Multisource Brand without Generic	tramadol 50mg (generic Ultram)	N/A	Multisource Brand without Generic	tramadol 50mg (generic Ultram)	N/A
Qelbree (viloxazine extended-release)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A
Qinlock (ripretinib)	N/A	N/A	N/A	Single Source Brand	**BOTH** of the following: **1.** Must try **ONE** of the following: **a.** Nexavar **b.** Tasgina **c.** Votrient **d.** Everolimus (generic Afinitor) **AND** **2.** Must try **ONE** of the following: **a.** Imatinib (generic Gleevec) **b.** Sutent **c.** Stivarga	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Qnasl (beclomethasone dipropionate)	Single Source Brand	Must try **THREE** of the following: **1.** flunisolide (generic Nasarel) **2.** fluticasone (generic Flonase) **or** OTC Flonase Allergy Relief **or** OTC Flonase Sensimist **3.** mometasone (generic Nasonex) **or** OTC Nasonex 24HR Allergy **4.** OTC Nasacort Allergy 24HR **5.** OTC Rhinocort Allergy Spray	N/A	Single Source Brand	Must try **ALL** of the following: **1.** flunisolide (generic Nasarel) **2.** fluticasone (generic Flonase) **or** OTC Flonase Allergy Relief **or** OTC Flonase Sensimist **3.** mometasone (generic Nasonex) **or** OTC Nasonex 24HR Allergy **4.** OTC Nasacort Allergy 24HR **5.** OTC Rhinocort Allergy Spray	N/A
Qtern (dapagliflozin-saxagliptin)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Quartette (levonorgestrel-ethinyl estradiol and ethinyl estradiol)	Brand Only	levonorgestrel-ethinyl estradiol and ethinyl estradiol (generic Quartette)	N/A	Brand Only	levonorgestrel-ethinyl estradiol and ethinyl estradiol (generic Quartette)	N/A
Qudexy XR (topiramate extended-release)	Brand and Generic	Must try **ONE** of the following: **1.** topiramate **2.** Topamax	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	Must try **ONE** of the following: **1.** topiramate **2.** Topamax	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
QuilliChew ER (methylphenidate extended-release chewable tablet)	Single Source Brand	Must try **TWO** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) capsule or chewable tablet **4.** methylphenidate extended-release (Metadate CD, Ritalin LA)	N/A	Single Source Brand	Must try **ALL** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Quillivant XR (methylphenidate extended-release oral suspension)	Single Source Brand	Must try **TWO** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) capsule or chewable tablet **4.** methylphenidate extended-release (Metadate CD, Ritalin LA)	N/A	Single Source Brand	Must try **ALL** of the following, which may be opened and sprinkled on food if unable to swallow a tablet/capsule: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Quviviq (daridorexant)	Single Source Brand	**BOTH of the following:** **1.** Must have history of trial and failure of at least 2 weeks, contraindication, or intolerance to Belsomra **AND** **2.** Must have history of trial and failure of at least 2 weeks, contraindication, or intolerance to **TWO** of the following: **a.** zolpidem (generic Ambien) **b.** zaleplon (generic Sonata) **c.** eszopiclone (generic Lunesta)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	**BOTH of the following:** **1.** Must have history of trial and failure of at least 2 weeks, contraindication, or intolerance to Belsomra **AND** **2.** Must have history of trial and failure of at least 2 weeks, contraindication, or intolerance to **TWO** of the following: **a.** zolpidem (generic Ambien) **b.** zaleplon (generic Sonata) **c.** eszopiclone (generic Lunesta)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Rabeprazole delayed-release sprinkle	Single Source Brand	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole tablet (generic Protonix) **3.** rabeprazole tablet (generic Aciphex)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole tablet (generic Protonix) **3.** rabeprazole tablet (generic Aciphex)	N/A
Raldesy (trazodone oral solution)	N/A	N/A	N/A	Single Source Brand	trazodone tablet	N/A
Ranexa (ranolazine extended-release)	Brand Only	ranolazine (generic Ranexa)	N/A	Brand Only	ranolazine (generic Ranexa)	N/A
Rapaflo (silodosin)	Brand Only	silodosin (generic Rapaflo)	N/A	Brand Only	silodosin (generic Rapaflo)	N/A
Rapamune tablet (sirolimus)	Brand Only	sirolimus (generic Rapamune)	N/A	Brand Only	sirolimus (generic Rapamune)	N/A
Ravicti (glycerol phenylbutyrate)	Brand Only	Must try **BOTH** of the following: **1.** glycerol phenylbutyrate (generic Ravicti) **2.** sodium phenylbutyrate (generic Buphenyl)	N/A	Brand Only	Must try **BOTH** of the following: **1.** glycerol phenylbutyrate (generic Ravicti) **2.** sodium phenylbutyrate (generic Buphenyl)	N/A
Rayaldee (calcifediol)	Single Source Brand	Must try **ALL** of the following: **1.** calcitriol (generic Rocaltrol) **2.** doxercalciferol (generic Hectorol) **3.** paricalcitol (generic Zemplar)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** calcitriol (generic Rocaltrol) **2.** doxercalciferol (generic Hectorol) **3.** paricalcitol (generic Zemplar)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Rayos (prednisone delayed-release)	Single Source Brand	prednisone	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	prednisone	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Rebif (interferon beta-1a)	Single Source Brand	Must try **TWO** of the following; **1.** Avonex **2.** Betaseron **3.** Plegridy	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **TWO** of the following; **1.** Avonex **2.** Betaseron **3.** Plegridy	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Rebif Rebidose (interferon beta-1a)	Single Source Brand	Must try **TWO** of the following: **1.** Avonex **2.** Betaseron **3.** Plegridy	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **TWO** of the following: **1.** Avonex **2.** Betaseron **3.** Plegridy	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Rebinyn (coagulation factor IX [recombinant], glycopegylated)	Single Source Brand	Must try **ONE** of the following: **1.** Alprolix **2.** Idelvion	N/A	Single Source Brand	Must try **ONE** of the following: **1.** Alprolix **2.** Idelvion	N/A
Recorlev (levoketoconazole)	Single Source Brand	Must try **BOTH** of the following: **1.** ketoconazole (generic Nizoral) **2.** Isturisa	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** ketoconazole (generic Nizoral) **2.** Isturisa	N/A
Rectiv (nitroglycerin ointment)	N/A	N/A	N/A	Brand Only	Must try **ALL** of the following: **1.** OTC bowel forming agent **2.** nifedipine (generic Procardia) **3.** diltiazem (generic Cardizem) **Maryland only**: Approve for FDA approved indication(s). All other indications must try the above alternative(s).	N/A
Reditrex (methotrexate prefilled syringe)	Single Source Brand	Must try **ONE** of the following: **1.** methotrexate tablet **2.** Rasuvo	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** methotrexate tablet **2.** Rasuvo	N/A

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Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Relafen (nabumetone)	Brand Only	nabumetone (generic Relafen)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	nabumetone (generic Relafen)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Relafen DS (nabumetone)	Single Source Brand	nabumetone (generic Relafen)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	nabumetone (generic Relafen)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Releuko (filgrastim)	Single Source Brand	Must try **BOTH** of the following: **1.** Zarxio **2.** Nivestym	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Zarxio **2.** Nivestym	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Relexxii 18mg, 27mg, 36mg, 54mg (methylphenidate extended-release)	Single Source Brand	Must try **TWO** of the following: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A	Single Source Brand	Must try **TWO** of the following: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Relexxii 72mg (methylphenidate extended-release)	Brand and Generic	Must try **TWO** of the following: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A	Brand and Generic	Must try **TWO** of the following: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Relexxii/Methylphenidate extended-release 45mg, 63mg (methylphenidate extended-release)	Multisource Brand without Generic	Must try **TWO** of the following: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A	Multisource Brand without Generic	Must try **TWO** of the following: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Relistor tablet (methylnaltrexone)	Single Source Brand	Must try **BOTH** of the following: **1.** lubiprostone (generic Amitiza) **2.** Symproic	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** lubiprostone (generic Amitiza) **2.** Symproic	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Relpax (eletriptan)	Brand Only	Must try **ALL** of the following: **1.** eletriptan (generic Relpax) **2.** naratriptan (generic Amerge) **3.** rizatriptan (generic Maxalt) **4.** sumatriptan (generic Imitrex) **5.** zolmitriptan (generic Zomig)	N/A	Brand Only	Must try **FIVE** of the following: **1.** almotriptan (generic Axert) **2.** eletriptan (generic Relpax) **3.** naratriptan (generic Amerge) 4. rizatriptan (generic Maxalt) **5.** sumatriptan (generic Imitrex) **6.** zolmitriptan (generic Zomig)	N/A
Reltone (ursodiol)	Multisource Brand without Generic	ursodiol 250mg OR 500mg (generic Actigall)	N/A	Multisource Brand without Generic	ursodiol 250mg **OR** 500mg (generic Actigall)	N/A
Relyvrio (sodium phenylbutyrate-taurursodiol)	Single Source Brand	Must try **BOTH** of the following: **1.** riluzole (generic Rilutek) **2.** Radicava ORS	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** riluzole (generic Rilutek) **2.** Radicava ORS	N/A
Remeron (mirtazapine)	Brand Only	mirtazapine (generic Remeron)	N/A	Brand Only	mirtazapine (generic Remeron)	N/A
Remeron SolTab (mirtazapine orally-disintegrating tablet)	Brand Only	mirtazapine (generic Remeron)	N/A	Brand Only	mirtazapine (generic Remeron)	N/A
Renagel (sevelamer)	Brand and Generic	sevelamer carbonate tablet (generic Renvela)	N/A	Brand and Generic	sevelamer carbonate tablet (generic Renvela)	N/A
Renvela (sevelamer carbonate)	Brand Only	sevelamer carbonate tablet (generic Renvela)	N/A	Brand Only	sevelamer carbonate tablet (generic Renvela)	N/A
Restasis MultiDose (cyclosporine ophthalmic emulsion)	Single Source Brand	Must try **BOTH** of the following: **1.** Restasis single use vials **2.** Xiidra	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **BOTH** of the following: **1.** Restasis single use vials **2.** Xiidra	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Retin-A cream (tretinoin)	Brand Only	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A	Brand Only	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Retin-A gel (tretinoin)	Brand and Generic	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A
Retin-A Micro, Retin-A Micro Pump (tretinoin microsphere)	Brand and Generic	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A)	N/A
Revatio suspension (sildenafil)	Brand Only	sildenafil (generic Revatio)	N/A	Brand Only	sildenafil (generic Revatio)	N/A
Revatio tablet (sildenafil)	Brand Only	sildenafil (generic Revatio)	N/A	Brand Only	sildenafil (generic Revatio)	N/A
Revlimid (lenalidomide)	Brand Only	lenalidomide (generic Revlimid)	N/A	Brand Only	lenalidomide (generic Revlimid)	N/A
Reyataz capsule (atazanavir)	Brand Only	atazanavir (generic Reyataz)	N/A	Brand Only	atazanavir (generic Reyataz)	N/A
Reyvow (lasmiditan)	N/A	N/A	N/A	Single Source Brand	Use Medical Necessity or Step Therapy	N/A
Rezurock (belumosudil)	N/A	N/A	N/A	Single Source Brand	Must try **FIVE** of the following: **1.** prednisone **2.** cyclosorine (generic Neoral, generic Sandimmune) **3.** tacrolimus (generic Prograf) **4.** mycophenolate (generic Cellcept) **5.** sirolimus (generic Rapamune) **6.** Jakafi	N/A
Rezvoglar KwikPen (insulin glargine)	Single Source Brand	Must try **ONE** of the following: **1.** Lantus **2.** Toujeo	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Lantus **2.** Toujeo	N/A
Rhofade (oxymetazoline)	N/A	N/A	N/A	Single Source Brand	Mirvaso	N/A
Ridaura (auranofin)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** sulfasalazine (generic Azulfidine) **2.** methotrexate **3.** leflunomide (generic Arava) 4. hydroxychloroquine (generic Plaquenil)	N/A
Rilutek (riluzole)	Brand Only	riluzole (generic Rilutek)	N/A	Brand Only	riluzole (generic Rilutek)	N/A
Riomet (metformin oral solution)	Brand Only	Must try **ONE** of the following: **1.** metformin tablet (generic Glucophage) **2.** metformin oral solution (generic Riomet)	N/A	Brand Only	Must try **ONE** of the following: **1.** metformin tablet (generic Glucophage) **2.** metformin oral solution (generic Riomet)	N/A
Risperdal (risperidone)	Brand Only	risperidone (generic Risperdal)	N/A	Brand Only	risperidone (generic Risperdal)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Ritalin LA (methylphendiate extended-release)	Brand Only	**BOTH of the following:** **1.** Must try methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA) **AND** **2.** Must try **ONE** of the following: **a.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **b.** dexmethylphenidate extended-release (generic Focalin XR) **c.** lisdexamfetamine (generic Vyvanse)	N/A	Brand Only	Must try **ALL** of the following: **1.** amphetamine-dextroamphetamine extended-release (generic Adderall XR, generic Mydayis) **2.** dexmethylphenidate extended-release (generic Focalin XR) **3.** lisdexamfetamine (generic Vyvanse) **4.** methylphenidate extended-release (generic Concerta, Metadate CD, Metadate ER, Ritalin LA)	N/A
Ritalin tablet (methylphenidate)	Brand Only	methylphenidate tablet (generic Ritalin)	N/A	Brand Only	methylphenidate tablet (generic Ritalin)	N/A
Robinul (glycopyrrolate)	Brand Only	glycopyrrolate tablet (generic Robinul)	N/A	Brand Only	glycopyrrolate tablet (generic Robinul)	N/A
Robinul Forte (glycopyrrolate)	Brand Only	glycopyrrolate tablet (generic Robinul Forte)	N/A	Brand Only	glycopyrrolate tablet (generic Robinul Forte)	N/A
Rocaltrol (calcitriol)	N/A	N/A	N/A	Brand Only	calcitriol (generic Rocaltrol)	N/A
Rosadan Cream Kit (metronidazole)	Single Source Brand	Must try **ONE** of the following: **1.** metronidazole cream (generic Metrocream) **2.** metronidazole 0.75% gel (generic Metrogel)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** metronidazole cream (generic Metrocream) **2.** metronidazole 0.75% gel (generic Metrogel)	N/A
Rosadan Gel Kit (metronidazole)	Single Source Brand	Must try **ONE** of the following: **1.** metronidazole cream (generic Metrocream) **2.** metronidazole 0.75% gel (generic Metrogel)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** metronidazole cream (generic Metrocream) **2.** metronidazole 0.75% gel (generic Metrogel)	N/A
Roszet, Rosuvastatin-ezetimibe (ezetimibe-rosuvastatin)	Multisource Brand without Generic	Must try **ONE** of the following: **1.** ezetimibe (generic Zetia) **IN COMBINATION WITH** rosuvastatin (generic Crestor) **2.** ezetimibe-simvastatin (generic Vytorin)	N/A	Multisource Brand without Generic	ezetimibe (generic Zetia) **IN COMBINATION WITH** rosuvastatin (generic Crestor)	N/A
Rowasa (mesalamine rectal enema)	N/A	N/A	N/A	Brand Only	mesalamine rectal enema (generic Rowasa)	N/A
Roxicodone (oxycodone)	Brand Only	oxycodone immediate-release (generic Roxicodone)	N/A	Brand Only	oxycodone immediate-release (generic Roxicodone)	N/A
RoxyBond (oxycodone abuse deterrent)	Single Source Brand	oxycodone immediate-release (generic Roxicodone) **FL, LA, MD, and WV only:** Approve	N/A	Single Source Brand	oxycodone immediate-release (generic Roxicodone) **FL, LA, MD and WV only:** Approve	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Rozerem (ramelteon)	Brand Only	ramelteon (generic Rozerem)	N/A	Brand Only	ramelteon (generic Rozerem)	N/A
Ryaltris (olopatadine-mometasone nasal spray)	Single Source Brand	Must try **ONE** of the following: **1.** olopatadine (generic Patanase) **IN COMBINATION WITH** an over-the-counter nasal steroid (e.g., Nasonex Allergy) **2.** Over-the-counter Astepro Allergy **IN COMBINATION WITH** an over-the-counter nasal steroid (e.g., Nasonex Allergy)	N/A	Single Source Brand	Must try **ONE** of the following: **1.** olopatadine (generic Patanase) **IN COMBINATION WITH** an over-the-counter nasal steroid (e.g., Nasonex Allergy) **2.** Over-the-counter Astepro Allergy **IN COMBINATION WITH** an over-the-counter nasal steroid (e.g., Nasonex Allergy)	N/A
Ryclora (dexchlorpheniramine oral solution)	Single Source Brand	OTC chlorpheniramine (generic Chlor-Trimeton)	N/A	Single Source Brand	OTC chlorpheniramine (generic Chlor-Trimeton)	N/A
Rytary (carbidopa-levodopa extended-release)	Multisource Brand without Generic	Use Step Therapy	N/A	Multisource Brand without Generic	Must try **ALL** of the following: **1.** carbidopa-levodopa immediate-release (generic Sinemet) **2.** carbidopa-levodopa controlled-release (generic Sinemet CR) **3.** carbidopa-levodopa-entacapone (generic Stalevo)	N/A
Rythmol SR (propafenone extended-release)	Brand Only	propafenone extended-release capsule (generic Rythmol)	N/A	Brand Only	propafenone extended-release capsule (generic Rythmol)	N/A
Ryvent 6mg tablet (carbinoxamine)	Generic Only	carbinoxamine tablet (generic Palgic)	N/A	Generic Only	carbinoxamine tablet (generic Palgic)	N/A
Sabril powder pack (vigabatrin)	Brand Only	vigabatrin powder pack (generic Sabril)	N/A	Brand Only	vigabatrin powder pack (generic Sabril)	N/A
Sabril tablet (vigabatrin)	Brand Only	vigabatrin tablet (generic Sabril)	N/A	Brand Only	vigabatrin tablet (generic Sabril)	N/A
Safyral (drospirenone-ethinyl estradiol-levomefolate calcium and levomefolate calcium)	Brand Only	Must try **ONE** of the following: **1.** drospirenone-ethinyl estradiol (generic Yasmin) **IN COMBINATION WITH** folic acid **2.** Yasmin **IN COMBINATION WITH** folic acid **3.** drospirenone-ethinyl estradiol-levomefolate calcium and levomefolate calcium (generic Safyral)	N/A	Brand Only	Must try **ONE** of the following: **1.** drospirenone-ethinyl estradiol (generic Yasmin) **IN COMBINATION WITH** folic acid **2.** Yasmin **IN COMBINATION WITH** folic acid **3.** drospirenone-ethinyl estradiol-levomefolate calcium and levomefolate calcium (generic Safyral)	N/A
Saizen (somatropin)	Single Source Brand	Must try **ONE** of the following: **1.** Norditropin FlexPro **2.** Omnitrope	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Norditropin FlexPro **2.** Omnitrope	N/A
Sajazir (icatibant)	Generic Only	icatibant acetate (generic Firazyr)	N/A	Generic Only	icatibant acetate (generic Firazyr)	N/A
Samsca (tolvaptan)	N/A	N/A	N/A	Brand Only	tolvaptan (generic Samsca)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Sancuso (granisetron transdermal patch)	Single Source Brand	granisetron (generic Kytril)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	granisetron (generic Kytril)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Sandimmune capsule (cyclosporine)	Brand Only	cyclosporine (generic Sandimmune)	N/A	Brand Only	cyclosporine (generic Sandimmune)	N/A
Sandostatin (octreotide)	Brand Only	octreotide (generic Sandostatin)	N/A	Brand Only	octreotide (generic Sandostatin)	N/A
Saphris (asenapine sublingual)	Brand Only	asenapine (generic Saphris)	N/A	Brand Only	Must try **ALL** of the following: **1.** olanzapine (generic Zyprexa) **2.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR **3.** risperidone (generic Risperdal) **4.** ziprasidone (generic Geodon) **5.** aripiprazole tablet (generic Abilify)	N/A
Savaysa (edoxaban)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Eliquis **2.** dabigatran capsule **3.** Xarelto	N/A
Seasonique (levonorgestrel-ethinyl estradiol and ethinyl estradiol)	Brand Only	levonorgestrel-ethinyl estradiol [Introvale, Jolessa, Quasense, Setlakin (generics for Seasonale)], levonorgestrel-ethinyl estradiol [Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Simpesse (generics for Seasonique)]	N/A	Brand Only	levonorgestrel-ethinyl estradiol [Introvale, Jolessa, Quasense, Setlakin (generics for Seasonale)], levonorgestrel-ethinyl estradiol [Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Simpesse (generics for Seasonique)]	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Secuado (asenapine transdermal patch)	Single Source Brand	asenapine (generic Saphris)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Single Source Brand	asenapine (generic Saphris)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Seglentis (celecoxib-tramadol)	Single Source Brand	celecoxib capsule (generic Celebrex) **IN COMBINATION WITH** tramadol (generic Ultram)	N/A	Single Source Brand	celecoxib capsule (generic Celebrex) **IN COMBINATION WITH** tramadol (generic Ultram)	N/A
Segluromet (ertugliflozin-metformin)	Single Source Brand	History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Synjardy/Synjardy XR	N/A	Single Source Brand	History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Synjardy/Synjardy XR	N/A
Selarsdi (ustekinumab-aekn)	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A
Selenium sulfide 2.3% shampoo (SelRx)	Brand and Generic	selenium sulfide shampoo	N/A	Brand and Generic	selenium sulfide shampoo	N/A
Semglee (insulin glargine)	Single Source Brand	Must try **three month trial** of **BOTH** of the following: **1.** Lantus **2.** Toujeo	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **three month trial** of **BOTH** of the following: **1.** Lantus **2.** Toujeo	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Sensipar (cinacalcet)	Brand Only	Must try **ALL** of the following: **1.** calcium acetate (generic PhosLo) **2.** cinacalcet (generic Sensipar) **3.** sevelamer carbonate (generic Renvela)	N/A	Brand Only	Must try **ALL** of the following: **1.** calcium acetate (generic PhosLo) **2.** cinacalcet (generic Sensipar) **3.** sevelamer carbonate (generic Renvela) **4.** Velphoro	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Sephience (sepiapterin powder packet)	N/A	N/A	N/A	Single Source Brand	sapropterin (generic Kuvan)	N/A
Sernivo spray (betamethasone dipropionate spray emulsion)	Single Source Brand	betamethasone lotion (generic Del-Beta)	N/A	Single Source Brand	betamethasone lotion (generic Del-Beta)	N/A
Seroquel (quetiapine)	Brand Only	Must try **ALL** of the following: **1.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR) **2**. olanzapine (generic Zyprexa) **3.** risperidone (generic Risperdal) **4.** ziprasidone (generic Geodon) **5.** aripiprazole tablet (generic Abilify)	N/A	Brand Only	Must try **ALL** of the following: **1.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR) **2**. olanzapine (generic Zyprexa) **3.** risperidone (generic Risperdal) **4.** ziprasidone (generic Geodon) **5.** aripiprazole tablet (generic Abilify)	N/A
Seroquel XR (quetiapine extended-release)	Brand Only	Must try **ALL** of the following: **1.** quetiapine (generic Seroquel) **OR** quetiapine extended-release (generic Seroquel XR) **2**. olanzapine (generic Zyprexa) **3.** risperidone (generic Risperdal) **4.** ziprasidone (generic Geodon) **5.** aripiprazole tablet (generic Abilify)	N/A	Brand Only	Must try **FIVE** of the following: **1.** quetiapine extended-release (generic Seroquel XR) **2.** olanzapine (generic Zyprexa) **3.** risperidone (generic Risperdal) **4.** ziprasidone (generic Geodon) **5.** aripiprazole tablet (generic Abilify)	N/A
Serostim (somatropin)	N/A	N/A	N/A	Single Source Brand	Use Prior Authorization or Medical Necessity	N/A
Sertraline capsule	Generic Only	sertraline tablet (generic Zoloft)	N/A	Generic Only	sertraline tablet (generic Zoloft)	N/A
Sevelamer hydrochloride tablet (generic Renagel)	Generic Only	sevelamer carbonate tablet (generic Renvela)	N/A	Generic Only	sevelamer carbonate tablet (generic Renvela)	N/A
Sevenfact [coagulation factor VIIa (recombinant)]	Single Source Brand	NovoSeven	N/A	Single Source Brand	NovoSeven	N/A
Seysara (sarecycline)	Single Source Brand	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Vibramycin) **2.** doxycycline monohydrate 50mg **or** 100mg (generic Monodox) **3.** minocycline immediate-release capsule (generic Minocin) **4.** minocycline extended-release (generic Solodyn)	N/A	Single Source Brand	**BOTH** of the following: **1.** Must try **ONE** of the following: **a.** minocycline immediate-release capsule (generic Minocin) **b.** minocyclin extended-release (generic Solodyn) **AND** **2.** Must try **ONE** of the following: **a.** doxycycline hyclate (generic Vibramycin) **b.** doxycycline monohydrate 50mg **OR** 100mg (generic Monodox)	N/A
sfRowasa (mesalamine sulfite-free enema)	N/A	N/A	N/A	Single Source Brand	mesalamine kit (generic Rowasa)	N/A
Siklos (hydroxyurea)	Single Source Brand	Must try **ONE** of the following: **1.** hydroxyurea (generic Hydrea) **2.** Droxia	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** hydroxyurea (generic Hydrea) **2.** Droxia	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Silenor (doxepin)	Brand and Generic	Must try **ALL** of the following: **1.** doxepin (generic Sinequan) **2.** zolpidem (generic Ambien) **3.** zaleplon (generic Sonata)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** doxepin (generic Sinequan) **2.** zolpidem (generic Ambien) **3.** zaleplon (generic Sonata) **Maryland only**: Must try zolpidem and zaleplon	N/A
Siliq (brodalumab)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A
Simbrinza 1-0.2% (brinzolamide-brimonidine ophthalmic suspension)	Single Source Brand	brimonidine (generic Alphagan) **IN COMBINATION WITH** Azopt	N/A	Single Source Brand	brimonidine (generic Alphagan) **IN COMBINATION WITH** Azopt	N/A
Simlandi (adalimumab-ryvk)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Simplera Sensor/System (continuous glucose monitor)	Single Source Brand	Must try **ONE** of the following: **1.** Dexcom **2.** Freestyle Libre	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Dexcom **2.** Freestyle Libre	N/A
Singulair chewable tablet (montelukast)	Brand Only	montelukast chewable tablet (generic Singulair)	N/A	Brand Only	montelukast chewable tablet (generic Singulair)	N/A
Singulair tablet (montelukast)	Brand Only	montelukast tablet (generic Singulair)	N/A	Brand Only	montelukast tablet (generic Singulair)	N/A
Sitagliptin (Zituvio authorized generic)	Single Source Brand	**BOTH** of the following: **1.** Must try Tradjenta **AND** **2.** Must try **ONE** of the following: **a.** saxagliptin (generic Onglyza) **b.** alogliptin (Nesina authorized generic)	N/A	Single Source Brand	Must try **three month trial each** of **ALL** of the following: **1.** Alogliptin (Nesina authorized generic) **2.** Saxagliptin (generic Onglyza) **3.** Tradjenta	N/A
Sitagliptin free base-Metformin extended-release (Zituvimet XR authorized generic)	Single Source Brand	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	N/A	Single Source Brand	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	N/A
Sitagliptin free base-Metformin (Zituvimet authorized generic)	Single Source Brand	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Single Source Brand	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Sitavig (acyclovir buccal tablet)	Single Source Brand	Must try **ALL** of the following: **1.** acyclovir capsule **OR** tablet (generic Zovirax) **2.** famciclovir tablet (generic Famvir) **3.** valacyclovir tablet (generic Valtrex) **4.** OTC Abreva	N/A	Single Source Brand	Must try **ALL** of the following: **1.** acyclovir capsule **OR** tablet (generic Zovirax) **2.** famciclovir tablet (generic Famvir) **3.** valacyclovir tablet (generic Valtrex) **4.** OTC Abreva	N/A
Sivextro (tedizolid)	N/A	N/A	N/A	Multisource Brand without Generic	linezolid (generic Zyvox)	N/A
Skelaxin (metaxalone)	Brand Only	Must try **ALL** of the following: **1.** cyclobenzaprine tablet (generic Flexeril) **2.** chlorzoxazone (generic Parafon Forte DSC) **3.** methocarbamol (generic Robaxin) **4.** tizanidine (generic Zanaflex) **5.** metaxalone (generic Skelaxin)	N/A	Brand Only	Must try **ALL** of the following: **1.** cyclobenzaprine tablet (generic Flexeril) **2.** chlorzoxazone (generic Parafon Forte DSC) **3.** methocarbamol (generic Robaxin) **4.** tizanidine (generic Zanaflex) **5.** metaxalone (generic Skelaxin)	N/A
Soaanz (torsemide)	Single Source Brand	torsemide (generic Demadex)	N/A	Single Source Brand	torsemide (generic Demadex)	N/A
Sodium Oxybate (manufactured by Amneal Pharmaceuticals) (Xyrem authorized generic)	Multisource Brand without Generic	**BOTH of the following:** **1.** Must try Sodium Oxybate (Xyrem authorized generic manufactured by Hikma Pharmaceuticals) **AND** **2.** Must try **TWO** of the following: **a.** armodafinil (generic Nuvigil) **b.** modafinil (generic Provigil) **c.** Lumryz **d.** Sunosi **e.** Xywav	N/A	Multisource Brand without Generic	Must try **ALL** of the following: **1.** Sodium Oxybate (Xyrem authorized generic manufactured by Hikma Pharmaceuticals) **2.** Xywav **3.** modafinil **4.** armodafinil **5.** Sunosi **6.** Wakix	N/A
Solodyn (minocycline extended-release)	Brand Only	minocycline extended-release (generic Solodyn)	N/A	Brand Only	minocycline extended-release (generic Solodyn)	N/A
Soltamox (tamoxifen oral solution)	Single Source Brand	tamoxifen (generic Nolvadex)	N/A	Single Source Brand	tamoxifen (generic Nolvadex)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Soma 250mg (carisoprodol)	Brand and Generic	Must try **ALL** of the following: **1.** cyclobenzaprine tablet (generic Flexeril) **2.** carisoprodol (generic Soma 350mg) **3.** methocarbamol (generic Robaxin) **4.** chlorzoxazone (generic Parafon Forte DSC) **5.** tizanidine (generic Zanaflex tablet)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** cyclobenzaprine tablet (generic Flexeril) **2.** carisoprodol (generic Soma 350mg) **3.** methocarbamol (generic Robaxin) **4.** chlorzoxazone (generic Parafon Forte DSC) **5.** tizanidine (generic Zanaflex tablet)	N/A
Soma 350mg (carisoprodol)	Brand Only	Must try **ALL** of the following: **1.** cyclobenzaprine tablet (generic Flexeril) **2.** carisoprodol (generic Soma 350mg) **3.** methocarbamol (generic Robaxin) **4.** chlorzoxazone (generic Parafon Forte DSC) **5.** tizanidine (generic Zanaflex tablet)	N/A	Brand Only	carisoprodol 350mg tablet (generic Soma)	N/A
Somavert (pegvisomant)	N/A	N/A	N/A	Single Source Brand	octreotide (generic Sandostatin)	N/A
Soolantra (ivermectin)	Generic Only	Brand Soolantra	N/A	Generic Only	Must try **ALL** of the following: **1. ONE** oral antibiotic (i.e., doxycycline, minocycline, tetracycline) **2.** metronidazole 0.75% cream **or** gel **or** lotion **3.** Brand Soolantra	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Sorilux (calcipotriene foam)	Single Source Brand	calcipotriene (generic Dovonex)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	calcipotriene (generic Dovonex)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Sovaldi (sofosbuvir)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Epclusa **2.** Harvoni **3.** Mavyret	N/A
Sovuna (hydroxychloroquine)	Single Source Brand	hydroxychloroquine (generic Plaquenil)	N/A	Single Source Brand	hydroxychloroquine (generic Plaquenil)	N/A
Sporanox (itraconazole)	Brand Only	itraconazole (generic Sporanox)	N/A	Brand Only	itraconazole (generic Sporanox)	N/A
Spritam (levetiracetam tablet for oral suspension)	Single Source Brand	Must try **ONE** of the following: **1.** levetiracetam immediate-release **2.** levetiracetam solution	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **ONE** of the following: **1.** levetiracetam immediate-release **2.** levetiracetam solution	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Sprix (ketolorac nasal spray)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** diclofenac (generic Cataflam, Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** ibuprofen (generic Motrin) **4.** naproxen (generic Naprosyn)	N/A
Sprycel (dasatinib)	Brand Only	dasatinib (generic Sprycel)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	dasatinib (generic Sprycel)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Steglatro (ertugliflozin)	Single Source Brand	**BOTH** of the following: **1.** History of suboptimal response (after a **THREE** month trial), contraindication, or intolerance to metformin (generic Glucophage, Glucophage XR) **AND** **2.** History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Jardiance	N/A	Single Source Brand	**BOTH** of the following: **1.** History of suboptimal response (after a **THREE** month trial), contraindication, or intolerance to metformin (generic Glucophage, Glucophage XR) **AND** **2.** History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Jardiance	N/A
Steglujan (ertugliflozin-sitagliptin)	Single Source Brand	**BOTH** of the following: **1.** History of suboptimal response (after a **THREE** month trial), contraindication, or intolerance to metformin (generic Glucophage, Glucophage XR) **AND** **2.** History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Glyxambi	N/A	Single Source Brand	**BOTH** of the following: **1.** History of suboptimal response (after a **THREE** month trial), contraindication, or intolerance to metformin (generic Glucophage, Glucophage XR) **AND** **2.** History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Glyxambi	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Stelara (ustekinumab)	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A	Single Source Brand	Use Non-Formulary	N/A
Stimate (desmopressin nasal solution)	N/A	N/A	N/A	Single Source Brand	desmopressin spray (generic DDAVP) **Maryland only:** Approve if being used for FDA-approved indication(s). All other indications must try the above alternative(s).	N/A
Stimufend (pegfilgrastim-fpgk)	Single Source Brand	Must try **BOTH** of the following: **1.** Neulasta **2.** Udenyca	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Neulasta **2.** Udenyca	N/A
Strattera (atomoxetine)	Brand Only	atomoxetine (generic Strattera)	N/A	Brand Only	atomoxetine (generic Strattera)	N/A
Suboxone Film (buprenorphine-naloxone sublingual film)	Brand Only	Must try **ALL** of the following: **1.** Zubsolv **2.** buprenorphine-naloxone tablet **OR** film	N/A	Brand Only	Must try **ALL** of the following: **1.** Zubsolv **2.** buprenorphine-naloxone tablet **OR** film	N/A
Sumadan Kit (sulfacetamide sodium-sulfur 9-4.5%)	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A
Sumadan Wash (sulfacetamide sodium-sulfur 9-4.5%)	Brand and Generic	sulfacetamide sodium-sulfur 10-5%	N/A	Brand and Generic	sulfacetamide sodium-sulfur 10-5%	N/A
Sumadan XLT Kit (sulfacetamide sodium-sulfur 9-4.5%)	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A
Sumaxin (sulfacetamide sodium-sulfur)	N/A	N/A	N/A	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A
Sumaxin CP (sulfacetamide sodium-sulfur 10-4%)	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A	Single Source Brand	sulfacetamide sodium-sulfur 10-5%	N/A
Sustiva capsule (efavirenz)	Brand Only	efavirenz (generic Sustiva)	N/A	Brand Only	efavirenz (generic Sustiva)	N/A
Sutent (sunitinib)	Brand Only	sunitinib (generic Sutent)	N/A	Brand Only	sunitinib (generic Sutent)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Symlin Pen (pramlintide)	N/A	N/A	N/A	Single Source Brand	**One of the following:** **A. For a diagnosis of Type 2 Diabetes:** **1.** Must try **ALL** of the following: **a. ONE** GLP-1 product b. **ONE** SGLT-2 product **c. ONE** DPP-4 product **d.** metformin **OR** **B. For a diagnosis of Type 1 Diabetes:** Approve	N/A
Symtuza (darunavir-cobicistat-emtracitabine-tenofovir alafenamide)	Single Source Brand	Must try **ONE** of the following: **1.** Prezcobix **IN COMBINATION WITH** Cimduo **2.** Prezcobix **IN COMBINATION WITH** Descovy	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Single Source Brand	Must try **BOTH** of the following: **1.** Prezcobix **IN COMBINATION WITH** Cimduo **2.** Prezcobix **IN COMBINATION WITH** Descovy	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Synalar 0.01% solution (fluocinolone acetonide)	Brand Only	fluocinolone 0.01% solution (generic Synalar)	N/A	Brand Only	fluocinolone 0.01% solution (generic Synalar)	N/A
Synalar 0.025% (fluocinolone acetonide)	Brand Only	fluocinolone 0.025% cream **or** ointment (generic Synalar)	N/A	Brand Only	fluocinolone 0.025% cream **or** ointment (generic Synalar)	N/A
Synalar Kit (fluocinolone)	Single Source Brand	fluocinolone (generic for Synalar)	N/A	Single Source Brand	fluocinolone (generic for Synalar)	N/A
Synalar TS (fluocinolone acetonide)	Single Source Brand	fluocinolone (generic for Synalar)	N/A	Single Source Brand	fluocinolone (generic for Synalar)	N/A
Synthroid (levothyroxine)	Brand only	levothyroxine (generic Synthroid)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	levothyroxine (generic Synthroid)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Syprine (trientine)	Brand Only	trientine (generic Syprine)	N/A	Brand Only	penicillamine (generic Depen Titratab)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Taclonex ointment (calcipotriene-betamethasone dipropionate)	Brand and Generic	Must try **BOTH** of the following: **1.** Enstilar foam **2.** Taclonex suspension	N/A	Brand and Generic	Enstilar foam	N/A
Taclonex Suspension (calcipotriene-betamethasone dipropionate)	Generic Only	Must try **BOTH** of the following: **1.** betamethasone (generic Diprosone) **IN COMBINATION WITH** calcipotriene (generic Dovonex) **2.** Enstilar	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** betamethasone (generic Diprosone) **IN COMBINATION WITH** calcipotriene (generic Dovonex) **2.** Enstilar	N/A
Talicia (amoxicillin-rifabutin-omeprazole delayed-release)	Single Source Brand	Must try **ONE** of the following: **1.** amoxicillin (generic Amoxil), omeprazole (generic Prilosec), **and** rifabutin (generic Mycobutin) **IN COMBINATION** **2.** Omeclamox **3.** Voquezna Dual Pak **or** Triple Pak	N/A	Single Source Brand	Must try **ALL** of the following: **1.** amoxicillin (generic Amoxil), omeprazole (generic Prilosec), **and** rifabutin (generic Mycobutin) **IN COMBINATION** **2.** Omeclamox **3.** Voquezna Dual Pak **or** Triple Pak	N/A
Taltz (ixekizumab)	Single Source Brand	Use Medical Necessity or Step Therapy	N/A	Single Source Brand	Use Medical Necessity or Step Therapy	N/A
Talzenna (talazoparib)	N/A	N/A	N/A	Single Source Brand	Lynparza	N/A
Tamiflu (oseltamivir)	Brand Only	oseltamivir capsule (generic Tamiflu)	N/A	Brand Only	oseltamivir capsule (generic Tamiflu)	N/A
Tamiflu Suspension (oseltamivir)	Brand Only	oseltamivir suspension (generic Tamiflu)	N/A	Brand Only	oseltamivir suspension (generic Tamiflu)	N/A
Tarceva (erlotinib)	Brand Only	erlotinib (generic Tarceva)	N/A	Brand Only	erlotinib (generic Tarceva)	N/A
Targadox (doxycycline hyclate)	Brand and Generic	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Vibramycin, Vibra-Tab) **2.** doxycycline monohydrate 50 **OR** 100mg (generic Monodox)	N/A	Brand and Generic	Must try **ONE** of the following: **1.** doxycycline hyclate (generic Vibramycin, Vibra-Tab) **2.** doxycycline monohydrate 50 **OR** 100mg (generic Monodox)	N/A
Targretin capsule (bexarotene)	Brand Only	bexarotene capsule (generic Targretin)	N/A	Brand Only	bexarotene capsule (generic Targretin)	N/A
Targretin gel (bexarotene)	Brand Only	bexarotene gel (generic Targretin)	N/A	Brand Only	bexarotene gel (generic Targretin)	N/A
Tarpeyo (budesonide delayed-release capsule)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** prednisone **2.** methylprednisolone	N/A
Tascenso ODT (fingolimid lauryl sulfate orally-disintegrating tablet)	Single Source Brand	fingolimod (generic Gilenya)	N/A	Single Source Brand	fingolimod (generic Gilenya)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Tasigna (nilotinib)	Brand Only	nilotinib (generic Tasigna)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	nilotinib (generic Tasigna)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Tasmar (tolcapone)	Brand Only	tolcapone (generic Tasmar)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** carbidopa-levodopa (generic Sinemet) **2.** entacapone (generic Comtan)	N/A
Tavneos (avacopan)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** azathioprine (generic Imuran) **2.** cyclophosphamide (generic Cytoxan) **3. ONE** glucocorticoid (e.g. prednisone, dexamethasone) **4.** mycophenolate (generic Cellcept) **5.** rituximab [e.g. Riabni, Rituxan, Ruxience, Truxima (medical benefit)]	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Taytulla (norethindrone-ethinyl estradiol-ferrous fumarate)	Single Source Brand	Must try **ONE** of the following: **1.** norethindrone-ethinyl estradiol 24 FE 1/0.02mg [Blisovi 24 FE, Junel 24 FE, Larin 24 FE, LoMedia 24 FE, (branded generic Loestrin 24 FE)] **2.** norethindone-ethinyl estradiol FE 1/0.02 mg [Blisovi FE, Junel FE, Larin FE, Microgestin FE, Tarina FE (branded generic Loestrin FE)]	N/A	Single Source Brand	Must try **ONE** of the following: **1. ONE** generic for Loestrin FE **or ONE** generic for Loestrin 24 FE **2.** norethindrone-ethinyl estradiol 24 FE 1/0.02 mg [Blisovi 24 FE, Junel 24 FE, Larin 24 FE, LoMedia 24 FE, (branded generic Loestrin 24 FE)] **3.** norethindone-ethinyl estradiol FE 1/0.02 mg [Blisovi FE, Junel FE, Larin FE, Microgestin FE, Tarina FE (branded generic Loestrin FE)]	N/A
Tazorac (tazarotene)	N/A	N/A	N/A	Brand Only	Must try **ALL** of the following: **1.** OTC Differin gel **2.** tretinoin cream (generic Retin-A) **3.** tazarotene cream (generic Tazorac)	N/A
Tecfidera (dimethyl fumarate)	Brand Only	dimethyl fumarate (generic Tecfidera)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	dimethyl fumarate (generic Tecfidera)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Tegretol (carbamazepine)	N/A	N/A	N/A	Brand Only	carbamazepine (generic Tegretol)	N/A
Tegretol-XR (carbamazepine extended-release)	N/A	N/A	N/A	Brand Only	carbamazepine extended-release (generic Tegretol-XR)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Tekturna (aliskiren)	N/A	N/A	N/A	Brand and Generic	Must try **FIVE** of the following: **1.** candesartan (generic Atacand) **2.** irbesartan (generic Avapro) **3.** losartan (generic Cozaar) **4.** telmisartan (generic Micardis) **5.** valsartan (generic Diovan) **6.** olmesartan (generic Benicar)	N/A
Tekturna HCT (aliskiren-hydrochlorothiazide)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** candesartan-hydrochlorothiazide (generic Atacand HCT) **2.** irbesartan-hydrochlorothiazide (generic Avalide) **3.** losartan-hydrochlorothiazide (generic Hyzaar) **4.** valsartan-hydrochlorothiazide (generic Diovan HCT) **5.** olmesartan-hydrochlorothiazide (generic Benicar HCT)	N/A
Telmisartan-amlodipine (generic Twynsta)	Generic Only	telmisartan (generic Micardis) **IN COMBINATION WITH** amlodipine (generic Norvasc)	N/A	Generic Only	Must try **FIVE** of the following: **1.** amlodipine-valsartan (generic Exforge) **2.** amlodipine (generic Norvasc) **IN COMBINATION WITH** losartan (generic Cozaar) **3.** amlodipine (generic Norvasc) **IN COMBINATION WITH** irbesartan (generic Avapro) **4.** amlodipine (generic Norvasc) **IN COMBINATION WITH** telmisartan (generic Micardis) **5.** amlodipine (generic Norvasc) **IN COMBINATION WITH** candesartan (generic Atacand) **6.** amlodipine (generic Norvasc) **IN COMBINATION WITH** valsartan (generic Diovan) **7.** amlodipine (generic Norvasc) **IN COMBINATION WITH** olmesartan (generic Benicar)	N/A
Tenoretic (atenolol-chlorthalidone)	Brand Only	atenolol-chlorthalidone (generic Tenoretic)	N/A	Brand Only	atenolol-chlorthalidone (generic Tenoretic)	N/A
Tenormin (atenolol)	Brand Only	atenolol (generic Tenormin)	N/A	Brand Only	atenolol (generic Tenormin)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Testosterone 1.62% gel packet ***This includes testosterone 20.25mg/1.25g and 40.5mg/2.5g gel packet products.**	Generic Only	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Generic Only	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A
Testosterone topical gel (authorized generic)	Authorized Generic	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Authorized Generic	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A
Testosterone topical gel (generic Testim)	Generic Only	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Generic Only	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A
Testosterone transdermal solution (generic Axiron)	Generic Only	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Generic Only	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A
Tetracycline tablet	Single Source Brand	tetracycline capsule (generic Achromycin V)	N/A	Single Source Brand	tetracycline capsule (generic Achromycin V)	N/A
Tezruly (terazosin oral solution)	N/A	N/A	N/A	Single Source Brand	terazosin capsule (generic Hytrin)	N/A
Thalitone 15mg (chlorthalidone)	Single Source Brand	chlorthalidone (generic Hygronton)	N/A	Single Source Brand	chlorthalidone (generic Hygronton)	N/A
Thiola (tiopronin)	Brand Only	tiopronin (generic Thiola)	N/A	Brand Only	tiopronin (generic Thiola)	N/A
Thiola EC (tiopronin delayed-release)	Brand Only	tiopronin delayed-release (generic Thiola EC)	N/A	Brand Only	tiopronin delayed-release (generic Thiola EC)	N/A
Thyquidity (levothyroxine oral solution)	Single Source Brand	Must try **BOTH** of the following: **1.** levothyroxine (generic Synthroid) **2.** Tirosint-Sol	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** levothyroxine (generic Synthroid) **2.** Tirosint-Sol	N/A
Tiotropium capsule for inhalation (generic Spiriva HandiHaler)	Generic Only	Must try **ONE** of the following: **1.** Spiriva HandiHaler **2.** Spiriva Respimat	N/A	Generic Only	Must try **ONE** of the following: **1.** Spiriva HandiHaler **2.** Spiriva Respimat	N/A
Tirosint capsule (levothyroxine)	Multisource Brand without Generic	levothyroxine tablet (generic Synthroid)	N/A	Multisource Brand without Generic	levothyroxine tablet (generic Synthroid)	N/A
Tirosint-SOL (levothyroxine oral solution)	N/A	N/A	N/A	Single Source Brand	levothyroxine (generic Synthroid)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Tivorbex (indomethacin)	Multisource Brand without Generic	Must try **ONE** of the following: **1.** ibuprofen (generic Motrin) **2.** indomethacin capsule (generic Indocin) **3.** meloxicam (generic Mobic) **4.** naproxen (generic Naprosyn)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Multisource Brand without Generic	Must try **ALL** of the following: **1.** ibuprofen (generic Motrin) **2.** indomethacin capsule (generic Indocin) **3.** meloxicam (generic Mobic) **4.** naproxen (generic Naprosyn)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Tlando capsule (testosterone undecanoate)	Single Source Brand	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Single Source Brand	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A
TOBI (tobramycin inhalation solution)	Brand and Generic	tobramycin 300mg /4mL (generic Bethkis)	N/A	Brand and Generic	tobramycin 300mg /4mL (generic Bethkis)	N/A
TOBI Podhaler (tobramycin inhalation capsule)	N/A	N/A	N/A	Single Source Brand	tobramycin 300mg /4mL (generic Bethkis)	N/A
Tobradex ST (tobramycin-dexamethasone ophthalmic suspension)	Single Source Brand	tobramycin-dexamethasone ophthalmic suspension (generic for Tobradex)	N/A	Single Source Brand	tobramycin-dexamethasone ophthalmic suspension (generic for Tobradex)	N/A
Tolak 4% cream (fluorouracil)	Single Source Brand	fluorouracil 5% cream (generic Efudex)	N/A	Single Source Brand	fluorouracil 5% cream (generic Efudex)	N/A
Tolectin 600mg (tolmetin)	Multisource Brand without Generic	Must try **THREE** of the following: **1.** diclofenac (generic Cataflam, Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** ibuprofen (generic Motrin) **4.** naproxen (generic Naprosyn)	N/A	Multisource Brand without Generic	Must try **THREE** of the following: **1.** diclofenac (generic Cataflam, Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** ibuprofen (generic Motrin) **4.** naproxen (generic Naprosyn)	N/A
Tolmetin 400mg (generic Tolectin)	Generic Only	Must try **THREE** of the following: **1.** diclofenac (generic Cataflam, Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** ibuprofen (generic Motrin) **4.** naproxen (generic Naprosyn)	N/A	Generic Only	Must try **THREE** of the following: **1.** diclofenac (generic Cataflam, Voltaren) **2.** flurbiprofen (generic Ansaid) **3.** ibuprofen (generic Motrin) **4.** naproxen (generic Naprosyn)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Tolsura (itraconazole)	Single Source Brand	itraconazole capsule (generic Sporanox)	N/A	Single Source Brand	itraconazole capsule (generic Sporanox)	N/A
Tonmya (cyclobenzaprine sublingual tablet)	N/A	N/A	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try cyclobenzaprine (generic Flexeril) **AND** **2.** Must try **TWO** of the following: **a.** amitriptyline (generic Elavil) **b.** duloxetine (generic Cymbalta) **c.** gabapentin (generic Neurontin) **d.** pregabalin (generic Lyrica) **e.** Savella	N/A
Topamax (topiramate)	N/A	N/A	N/A	Brand Only	topiramate (generic Topamax)	N/A
Topamax Sprinkle (topiramate sprinkle capsule)	N/A	N/A	N/A	Brand Only	topiramate (generic Topamax)	N/A
Topicort Spray (desoximetasone)	Brand and Generic	desoximetasone 0.05% gel (generic Topicort)	N/A	Brand and Generic	desoximetasone 0.05% gel (generic Topicort)	N/A
Toprol XL (metoprolol succinate extended-release)	Brand Only	metoprolol succinate extended-release tablet (generic Toprol XL)	N/A	Brand Only	metoprolol succinate extended-release tablet (generic Toprol XL)	N/A
Tosymra (sumatriptan nasal spray)	Single Source Brand	sumatriptan injection **or** nasal spray **or** tablet (generic Imitrex)	N/A	Single Source Brand	sumatriptan injection **or** nasal spray **or** tablet (generic Imitrex)	N/A
Toviaz (fesoterodine)	Brand and Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c**. trospium (generic Sanctura)	N/A	Brand and Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c**. trospium (generic Sanctura)	N/A
Tramadol 100mg	Generic only	Take two tramadol 50mg tablets (generic Ultram)	N/A	Generic Only	Take two tramadol 50mg tablets (generic Ultram)	N/A
Tramadol 25mg	Generic Only	Take one-half tablet of tramadol 50mg	N/A	Generic Only	Take one-half tablet of tramadol 50mg (generic Ultram)	N/A
Tramadol 75mg	Generic Only	tramadol 50mg **or** 100mg (generic Ultram)	N/A	Generic Only	tramadol 50mg **or** 100mg (generic Ultram)	N/A
Transderm Scop (scopolamine)	Brand Only	scopolamine transdermal patch (generic Transderm Scop)	N/A	Brand Only	scopolamine transdermal patch (generic Transderm Scop)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Travatan Z (travoprost)	Brand Only	Use Step Therapy	N/A	Brand Only	**BOTH of the following:** **1.** Must try latanoprost (generic Xalatan) **AND** **2.** Must try **ONE** of the following: **a.** bimatoprost 0.03% (generic Lumigan) **b.** travoprost (generic Travatan Z) **c.** Lumigan 0.01%	N/A
Tresiba and Insulin Degludec (insulin degludec)	Single Source Brand	Must try a **three month trial** of **BOTH** of the following: **1.** Lantus **2.** Toujeo	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Single Source Brand	Must try a **three month trial** of **BOTH** of the following: **1.** Lantus **2.** Toujeo	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Tresiba FlexTouch and Insulin Degludec FlexTouch (insulin degludec)	Single Source Brand	Must try a **three month trial** of **BOTH** of the following: **1.** Lantus **2.** Toujeo	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Single Source Brand	Must try a **three month trial** of **BOTH** of the following: **1.** Lantus **2.** Toujeo	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Treximet (sumatriptan-naproxen)	Brand and Generic	sumatriptan (generic Imitrex) **IN COMBINATION WITH** naproxen	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	Must try **ALL** of the following: **1.** naratriptan (generic Amerge) **IN COMBINATION WITH** naproxen, **2.** rizatriptan (generic Maxalt) **IN COMBINATION WITH** naproxen, **3.** sumatriptan (generic Imitrex) **IN COMBINATION WITH** naproxen, **4.** zolmitriptan (generic Zomig) **IN COMBINATION WITH** naproxen	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Trezix (acetaminophen-caffeine-dihydrocodeine)	Brand and Generic	acetaminophen-codeine	N/A	Brand and Generic	acetaminophen-codeine	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Trianex (triamcinolone acetonide)	Generic Only	Must try **BOTH** of the following: **1.** triamcinolone ointment (generic Kenalog) **2.** fluocinolone 0.025% ointment (generic Synalar)	N/A	Generic Only	Must try **BOTH** of the following: **1.** triamcinolone ointment (generic Kenalog) **2.** fluocinolone 0.025% ointment (generic Synalar)	N/A
Tribenzor (olmesartan-amlodipine-hydrochlorothiazide)	Brand and Generic	Must try **ALL** of the following: **1.** amlodipine (generic Norvasc) **IN COMBINATION WITH** losartan-HCTZ (generic Hyzaar) **2.** amlodipine (generic Norvasc) **IN COMBINATION WITH** irbesartan-HCTZ (generic Avalide) **3.** amlodipine (generic Norvasc) **IN COMBINATION WITH** valsartan-HCTZ (generic Diovan HCT) **4.** amlodipine (generic Norvasc) **IN COMBINATION WITH** candesartan-HCTZ (generic Atacand HCT) **5.** amlodipine **IN COMBINATION WITH** olmesartan HCTZ (generic Benicar HCT)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** amlodipine (generic Norvasc) **IN COMBINATION WITH** losartan-HCTZ (generic Hyzaar) **2.** amlodipine (generic Norvasc) **IN COMBINATION WITH** irbesartan-HCTZ (generic Avalide) **3.** amlodipine (generic Norvasc) **IN COMBINATION WITH** valsartan-HCTZ (generic Diovan HCT) **4.** amlodipine (generic Norvasc) **IN COMBINATION WITH** candesartan-HCTZ (generic Atacand HCT) **5.** amlodipine **IN COMBINATION WITH** olmesartan HCTZ (generic Benicar HCT)	N/A
Tricor (fenofibrate)	Brand Only	Must try **ONE** of the following: **1.** fenofibrate 48mg, 54mg, 145mg, 160mg tablet (generic Lofibra, Tricor, Triglide); **OR** **2.** fenofibrate micronized capsule 43mg, 130mg (generic Antara); **OR** **3.** fenofibrate micronized capsule 67mg, 134mg, 200mg (generic Lofibra, Tricor)	N/A	Brand Only	Must try **ALL** of the following: **1.** One of the following: fenofibrate 48mg, 54mg, 145mg, or 160mg tablet (generic Lofibra, Tricor, Triglide); **AND** **2.** One of the following: fenofibrate micronized capsule 43mg or 130mg (generic Antara); **AND** **3.** One of the following: fenofibrate micronized capsule 67mg, 134mg, or 200mg (generic Lofibra, Tricor)	N/A
Trileptal (oxcarbazepine)	N/A	N/A	N/A	Brand Only	oxcarbazepine (generic Trileptal)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Trilipix (fenofibric acid delayed-release)	Brand Only	Must try **ONE** of the following: **1.** fenofibrate 48mg, 54mg, 145mg, 160mg tablet (generic Lofibra, Tricor, Triglide); **OR** **2.** fenofibrate micronized capsule 43mg, 130mg (generic Antara); **OR** **3.** fenofibrate micronized capsule 67mg, 134mg, 200mg (generic Lofibra, Tricor)	N/A	Brand Only	Must try **ALL** of the following: **1.** One of the following: fenofibrate 48mg, 54mg, 145mg, or 160mg tablet (generic Lofibra, Tricor, Triglide); **AND** **2.** One of the following: fenofibrate micronized capsule 43mg or 130mg (generic Antara); **AND** **3**. One of the following: fenofibrate micronized capsule 67mg, 134mg, or 200mg (generic Lofibra, Tricor)	N/A
Trokendi XR (topiramate extended-release)	Brand and Generic	Must try **ONE** of the following: **1.** topiramate **2.** Topamax	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand and Generic	Must try **ONE** of the following: **1.** topiramate **2.** Topamax	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Trospium chloride extended-release (generic Sanctura ER)	Generic Only	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c.** trospium (generic Sanctura)	N/A	Generic Only	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c.** trospium (generic Sanctura)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Trudhesa (dihydroergotamine HFA nasal aerosol)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Must try **FIVE** of the following: **1.** almotriptan (generic Axert) **2.** eletriptan (generic Relpax) **3.** frovatriptan (generic Frova) **4.** naratriptan (generic Amerge) **5.** rizatriptan **or** rizatriptan orally-disintegrating tablet (generic Maxalt or Maxalt MLT) **6.** sumatriptan nasal spray **or** tablet (generic Imitrex) **7.** zolmitriptan tablet (generic Zomig) **8.** Zomig nasal spray	N/A
Trulance (plecanatide)	Single Source Brand	Use Medical Necessity or Step Therapy	N/A	Single Source Brand	Use Medical Necessity or Step Therapy	N/A
Truvada (emtricitabine-tenofovir disoproxil fumarate) ***For HCR plans ONLY***	Brand Only	Use Prior Authorization	N/A	Brand Only	Use Prior Authorization	N/A
Truvada (emtricitabine-tenofovir disoproxil fumarate) ***For non-HCR plans ONLY***	Brand Only	Submission of medical records documenting a history of adverse event or intolerance to prior use of generic Truvada (emtricitabine/tenofovir disoproxil fumarate)	N/A	Brand Only	Submission of medical records documenting a history of adverse event or intolerance to prior use of generic Truvada (emtricitabine/tenofovir disoproxil fumarate)	N/A
Tryvio (aprocitentan)	N/A	N/A	N/A	Single Source Brand	Must try **FIVE** alternatives, each from a different category: **1.** Must try **ONE** angiotensin-converting enzyme (ACE) inhibitor (e.g., enalapril, lisinopril) **2.** Must try **ONE** angiotensin II receptor blocker (ARB) (e.g., candesartan, valsartan) **3.** Must try **ONE** calcium channel blocker (e.g., amlodipine, diltiazem, verapamil) **4.** Must try **ONE** diuretic (e.g., hydrochlorothiazide) **5.** Must try **ONE** beta-blocker (e.g., labetalol, carvedilol) **6.** Must try **ONE** mineralocorticoid receptor antagonist (e.g., spironolactone, eplerenone)	N/A
Tudorza Pressair (aclidinium)	Single Source Brand	Must try **ONE** of the following: **1.** Spiriva HandiHaler **2.** Spiriva Resipmat	N/A	Single Source Brand	Must try **ONE** of the following: **1.** Spiriva HandiHaler **2.** Spiriva Resipmat	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Tuzistra XR (codeine polistirex-chlorpheniramine polistirex)	Single Source Brand	Must try **ONE** of the following: **1.** hydrocodone polistirex-chlorpheniramine polistirex (generic Tussionex Pennkinetic) **2.** Z-Tuss AC	N/A	Single Source Brand	Must try **ALL** of the following: **1.** chlorpheniramine-hydrocodone-pseudoephedrine (generic Zutripro) **2.** cheratussin AC (guaifenesin-codeine) **3.** Z-Tuss AC	N/A
Twirla (levonorgestrel-ethinyl estradiol)	Single Source Brand	Must try **ONE** of the following: **1.** ethinyl estradiol-norelgestromin patch (generic Ortho Evra) **2.** Xulane	N/A	Single Source Brand	Must try **ONE** of the following: **1.** ethinyl estradiol-norelgestromin patch (generic Ortho Evra) **2.** Xulane	N/A
Twyneo cream (tretinoin-benzoyl peroxide)	Single Source Brand	Must try **ONE** of the following: **1.** OTC benzoyl peroxide **IN COMBINATION WITH** OTC Differin gel **2.** OTC benzoyl peroxide **IN COMBINATION WITH** tretinoin cream (generic Retin A)	N/A	Single Source Brand	Must try **ONE** of the following: **1.** OTC benzoyl peroxide **IN COMBINATION WITH** OTC Differin gel **2.** OTC benzoyl peroxide **IN COMBINATION WITH** tretinoin cream (generic Retin A)	N/A
Tyenne (tocilizumab)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Actemra **2.** Avtozma	N/A
Tykerb (lapatinib)	Brand Only	lapatinib tablet (generic Tykerb)	N/A	Brand Only	lapatinib tablet (generic Tykerb)	N/A
Tyrvaya (varenicline nasal solution)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Restasis **2.** Xiidra	N/A
Uceris rectal foam (budesonide)	Brand Only	budesonide rectal foam (generic Uceris)	N/A	Brand Only	budesonide rectal foam (generic Uceris)	N/A
Uceris tablet (budesonide extended-release)	Generic Only	Uceris tablet	N/A	Brand and Generic	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** Brand Apriso **b.** mesalamine delayed-release (generic Delzicol) **c.** mesalamine delayed-release (generic Lialda) **AND** **2.** Must try mesalamine enema (generic Rowasa)	N/A
Uloric (febuxostat)	Brand and Generic	allopurinol 100mg **or** 300mg (generic Zyloprim)	N/A	Brand and Generic	allopurinol 100mg **or** 300mg (generic Zyloprim)	N/A
UltraSal-ER (salicylic acid extended-release)	Legend Medication (Brand and Generic)	OTC salicylic acid	N/A	Legend Medication (Brand and Generic)	OTC salicylic acid	N/A
Ultravate 0.05% lotion (halobetasol propionate)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** betamethasone 0.05% augmented gel **OR** lotion (generic Diprolene) **2.** clobetasol 0.05% solution **OR** gel (generic Temovate)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Umeclidinium-Vilanterol (Anoro Ellipta authorized generic)	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** Anoro Ellipta **2.** Bevespi Aerosphere	N/A	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** Anoro Ellipta **2.** Bevespi Aerosphere	N/A
Umecta Mousse (urea foam)	Single Source Brand	urea 40%	N/A	Single Source Brand	urea 40%	N/A
Undecatrex capsule (Kyzatrex authorized generic)	Multisource Brand without Generic	Must try a minimum **four week trial** of **ALL** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump) **3.** Kyzatrex	N/A	Multisource Brand without Generic	Must try a minimum **four week trial** of **ALL** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump) **3.** Kyzatrex	N/A
Upneeq (oxymetazoline ophthalmic solution)	N/A	N/A	N/A	Single Source Brand	Use Medical Necessity	N/A
Uroxatral (alfuzosin extended-release)	Brand Only	Must try **ALL** of the following: **1.** alfuzosin (generic Uroxatral) **2.** doxazosin (generic Cardura) **3.** terazosin (generic Hytrin) **4.** tamsulosin (generic Flomax)	N/A	Brand Only	Must try **ALL** of the following: **1.** alfuzosin (generic Uroxatral) **2.** doxazosin (generic Cardura) **3.** terazosin (generic Hytrin) **4.** tamsulosin (generic Flomax)	N/A
Urso 250 (ursodiol)	Brand Only	ursodiol (generic Actigall, generic Urso 250, generic Urso Forte)	N/A	Brand Only	ursodiol (generic Actigall, generic Urso 250, generic Urso Forte)	N/A
Urso Forte (ursodiol)	Brand Only	ursodiol (generic Actigall, generic Urso 250, generic Urso Forte)	N/A	Brand Only	ursodiol (generic Actigall, generic Urso 250, generic Urso Forte)	N/A
Ursodiol 200mg and 400mg capsule	Multisource Brand without Generic	ursodiol 250mg **OR** 500mg (generic Actigall)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Multisource Brand without Generic	ursodiol 250mg **OR** 500mg (generic Actigall)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Ustekinumab prefilled syringe (unbranded Stelara)	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Ustekinumab-aekn prefilled syringe (unbranded Selarsdi)	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A
Ustekinumab-ttwe (unbranded Pyzchiva)	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A	Single Source Brand	Must try **TWO** of the following: **1.** Wezlana **2.** Steqeyma **3.** Yesintek	N/A
Vafseo (vadadustat)	N/A	N/A	N/A	Single Source Brand	Use Prior Authorization or Medical Necessity	N/A
Vagifem (estradiol vaginal tablet)	Brand Only	Must try **ONE** of the following: **1.** estradiol vaginal tablet **2.** Yuvafem (generic Vagifem)	N/A	Brand Only	Must try **ONE** of the following: **1.** estradiol vaginal tablet **2.** Yuvafem (generic Vagifem)	N/A
Valcyte (valganciclovir)	Brand Only	valganciclovir (generic Valcyte)	N/A	Brand Only	valganciclovir (generic Valcyte)	N/A
Valcyte oral solution (valganciclovir)	Brand Only	valganciclovir oral solution (generic Valcyte)	N/A	Brand Only	valganciclovir oral solution (generic Valcyte)	N/A
Valium (diazepam)	Brand Only	diazepam (generic Valium)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	diazepam (generic Valium)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Valtrex (valacyclovir)	Brand Only	valacyclovir (generic Valtrex)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	valacyclovir (generic Valtrex)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Vanos (fluocinonide)	Brand and Generic	fluocinonide 0.05% cream (generic Lidex)	N/A	Brand and Generic	fluocinonide cream (generic Lidex)	N/A
Varubi (rolapitant therapy pack)	Single Source Brand	aprepitant capsule (generic Emend)	N/A	Single Source Brand	aprepitant capsule (generic Emend)	N/A
Vascepa (icosapent)	Brand and Generic	Use Medical Necessity	N/A	Brand and Generic	Use Medical Necessity	N/A
Vaseretic (enalapril-hydrochlorothiazide)	Brand Only	enalapril-hydrochlorothiazide (generic Vaseretic)	N/A	Brand Only	enalapril-hydrochlorothiazide (generic Vaseretic)	N/A
Vasotec (enalapril)	Brand Only	enalapril (generic Vasotec)	N/A	Brand Only	enalapril (generic Vasotec)	N/A
Vectical (calcitriol)	Brand Only	calcitriol ointment (generic Vectical)	N/A	Brand Only	calcitriol ointment (generic Vectical)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Velsipity (etrasimod)	Single Soure Brand	Use Step Therapy	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try Zeposia **AND** **2.** Must try **THREE** of the following: **a. ONE** adalimumab product: i. Adalimumab-adaz (unbranded Hyrimoz) ii. Amjevita iii. Humira **b. ONE** ustekinumab product: i. Steqeyma ii. Yesintek iii. Wezlana **c.** Entyvio **d.** Omvoh **e.** Rinvoq **f.** Simponi **g.** Skyrizi **h.** Tremfya **i.** Xeljanz	N/A
Veltin (clindamycin-tretinoin)	Brand and Generic	Must try **ONE** of the following clindamycin formulations **IN COMBINATION WITH** tretinoin cream (generic Retin-A): clindamycin gel **or** solution **or** lotion (generic Cleocin)	N/A	Brand and Generic	Must try **ONE** of the following clindamycin formulations **IN COMBINATION WITH** tretinoin cream (generic Retin-A): clindamycin gel **or** solution **or** lotion (generic Cleocin)	N/A
Vemlidy (tenofovir alafenamide fumarate)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A
Venlafaxine besylate 112.5mg extended-release tablet	Single Source Brand	venlafaxine extended-release (generic Effexor XR)	N/A	Single Source Brand	venlafaxine extended-release (generic Effexor XR)	N/A
Venlafaxine ER tablet (venlafaxine hydrochloride)	Brand and Generic	venlafaxine extended-release capsule (generic Effexor XR)	N/A	Brand and Generic	venlafaxine extended-release capsule (generic Effexor XR)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Ventolin HFA (albuterol sulfate)	Brand Only	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA, generic Ventolin HFA)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA, generic Ventolin HFA)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Venxxiva (tiopronin delayed-release)	Brand Only	tiopronin delayed-release (generic Thiola EC)	N/A	Brand Only	tiopronin delayed-release (generic Thiola EC)	N/A
Verdeso (desonide foam)	Single Source Brand	desonide lotion (generic Desowen)	N/A	Single Source Brand	desonide lotion (generic Desowen)	N/A
Veregen (sinecatechins)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** podofilox solution (generic Condylox) **2.** imiquimod (generic Aldara)	N/A
Verquvo (vericiguat)	N/A	N/A	N/A	Single Source Brand	Must try **FIVE** of the following: **1. ONE** angiotensin converting enzyme (ACE) inhibitor (e.g., lisinopril) **2. ONE** angiotensin receptor blocker (e.g., losartan) **3. ONE** beta-blocker (e.g., metoprolol) **4. ONE** diuretic (e.g., furosemide) **5.** spironolactone **6.** sacubitril-valsartan (generic Entresto) **7.** Jardiance	N/A
Versacloz (clozapine suspension)	Single Source Brand	Must try **BOTH** of the following: **1.** clozapine (generic Clozaril) **2.** clozapine orally-disinegrating tablet (generic Fazaclo)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** clozapine (generic Clozaril) **2.** clozapine orally-disinegrating tablet (generic Fazaclo)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Vesicare (solifenacin)	Brand Only	**BOTH of the following:** **1.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** trospium (generic Sanctura) **c.** tolterodine (generic Detrol) **AND** **2.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Brand Only	**BOTH of the following:** **1.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** trospium (generic Sanctura) **c.** tolterodine (generic Detrol) **AND** **2.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Vesicare LS (solifenacin suspension)	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c.** trospium (generic Sanctura)	N/A	Single Source Brand	**BOTH of the following:** **1.** Must try **ONE** of the following: **a.** oxybutynin (generic Ditropan) **b.** oxybutynin extended-release (generic Ditropan XL) **c.** Oxytrol OTC **AND** **2.** Must try **ALL** of the following: **a.** solifenacin (generic Vesicare) **b.** tolterodine (generic Detrol) **c.** trospium (generic Sanctura)	N/A
Vevye (cyclosporine ophthalmic solution)	Single Source Brand	Must try **BOTH** of the following: **1.** Restasis single dose vial **2.** Xiidra	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Must try **BOTH** of the following: **1.** Restasis single dose vial **2.** Xiidra	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Viagra (sildenafil)	Brand Only	Must try **ALL** of the following: **1.** sildenafil (generic Viagra) **2.** tadalafil (generic Cialis) **3.** vardenafil (generic Levitra)	N/A	Brand Only	Must try **ALL** of the following: **1.** sildenafil (generic Viagra) **2.** tadalafil (generic Cialis) **3.** vardenafil (generic Levitra)	N/A
Victoza (liraglutide)	Brand Only	liraglutide (generic Victoza)	N/A	Brand Only	liraglutide (generic Victoza)	N/A

Effective Date: 11/13/2026						
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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Vigamox (moxifloxacin ophthalmic solution)	Brand Only	moxifloxacin ophthalmic solution (generic Vigamox)	N/A	Brand Only	moxifloxacin ophthalmic solution (generic Vigamox)	N/A
Viibryd (vilazodone)	Brand Only	vilazodone (generic Viibryd)	N/A	Brand Only	vilazodone (generic Viibryd)	N/A
Vimovo (naproxen-esomeprazole)	Brand and Generic	Must try **ALL** of the following: **1.** naproxen (generic Naprosyn) **IN COMBINATION WITH** omeprazole (generic Prilosec) **2.** naproxen (generic Naprosyn) **IN COMBINATION WITH** pantoprazole (generic Protonix) **3.** naproxen (generic Naprosyn) **IN COMBINATION WITH** rabeprazole (generic Aciphex)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** naproxen (generic Naprosyn) **IN COMBINATION WITH** omeprazole (generic Prilosec) **2.** naproxen (generic Naprosyn) **IN COMBINATION WITH** pantoprazole (generic Protonix) **3.** naproxen (generic Naprosyn) **IN COMBINATION WITH** rabeprazole (generic Aciphex)	N/A
Vimpat (lacosamide)	N/A	N/A	N/A	Brand Only	**BOTH of the following:** **1.** Must try **four week trial** of lacosamide (generic Vimpat) **AND** **2.** Must try **eight week trial** each of **FOUR** of the following: **a.** levetiracetam (generic Keppra) **b.** divalproex sodium (generic Depakote) **c.** lamotrigine (generic Lamictal) **d.** carbamazepine (generic Tegretol) **e.** phenytoin (generic Dilantin)	N/A
Virasal (salicylic acid liquid)	N/A	N/A	N/A	Brand and Generic	salicylic acid OTC	N/A
Viread 300mg (tenofovir disoproxil fumarate) ***For HCR plans only***	Brand Only	Use Prior Authorization	N/A	Brand Only	Use Prior Authorization	N/A
Viread 300mg (tenofovir disoproxil fumarate) ***For non-HCR plans only***	Brand Only	tenofovir disoproxil fumarate (generic Viread)	N/A	Brand Only	tenofovir disoproxil fumarate (generic Viread)	N/A
Vivelle-Dot (estradiol TD twice-weekly patch)	Brand Only	estradiol TD twice weekly patch (generic Vivelle-Dot)	N/A	Brand Only	estradiol TD twice weekly patch (generic Vivelle-Dot)	N/A
Vocabria (cabotegravir)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Isentress **2.** Tivicay	N/A
Vogelxo (testosterone transdermal gel)	Brand and Generic	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A	Brand and Generic	Must try a minimum **four week trial** of **BOTH** of the following: **1.** Testim **2.** testosterone 1.62% gel pump (generic AndroGel Pump)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Voltaren 1% gel (diclofenac sodium)	Brand and Generic	OTC Voltaren Arthritis Pain 1% gel	N/A	Brand and Generic	OTC Voltaren Arthritis Pain 1% gel	N/A
Votrient (pazopanib)	Brand Only	pazopanib (generic Votrient)	N/A	Single Source Brand	sunitinib (generic Sutent)	N/A
Voyxact (sibeprenlimab)	N/A	N/A	N/A	Single Source Brand	**ALL of the following:** **1.** Must try **BOTH** of the following: **a.** glucocorticoid (e.g., methylprednisolone, prednisone) **b.** Jardiance **AND** **2.** Must try **ONE** of the following: **a.** ONE angiotensin converting enzyme (ACE) inhibitor (e.g., captopril, enalapril) **b.** ONE angiotensin II receptor blocker (ARB) (e.g., candesartan, valsartan) **AND** **3.** Must try **ONE** of the following: **a.** Filspari **b.** Vanrafia	N/A
Vuity (pilocarpine ophthalmic solution)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A
Vumerity (diroximel delayed-release)	Single Source Brand	Use Medical Necessity or Step Therapy	N/A	Single Source Brand	Use Medical Necessity or Step Therapy	N/A
Vusion (miconazole-zinc oxide-white petrolatum)	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** nystatin cream (generic Mycostatin) **2.** OTC miconazole cream	N/A	Multisource Brand without Generic	Must try **BOTH** of the following: **1.** nystatin cream (generic Mycostatin) **2.** OTC miconazole cream	N/A
Vyscoxa (celecoxib oral suspension)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** OTC ibuprofen (Advil/Motrin) **2.** OTC naproxen (Aleve) **3.** celecoxib capsule (generic Celebrex)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Vytorin (ezetimibe-simvastatin)	Brand Only	Must try **FIVE** of the following: **1.** simvastatin-ezetimibe (generic Vytorin) **2.** ezetimibe **IN COMBINATION WITH** atorvastatin (generic Lipitor) **3.** ezetimibe **IN COMBINATION WITH** lovastatin (generic Mevacor) **4.** ezetimibe **IN COMBINATION WITH** pravastatin (generic Pravachol) **5.** ezetimibe **IN COMBINATION WITH** simvastatin (generic Zocor) **6.** ezetimibe **IN COMBINATION WITH** rosuvastatin (generic Crestor)	N/A	Brand Only	Must try **ALL** of the following: **1.** ezetimibe **IN COMBINATION WITH** atorvastatin (generic Lipitor) **2.** ezetimibe **IN COMBINATION WITH** lovastatin (generic Mevacor) **3.** ezetimibe **IN COMBINATION WITH** pravastatin (generic Pravachol) **4.** ezetimibe **IN COMBINATION WITH** simvastatin (generic Zocor) **5.** ezetimibe **IN COMBINATION WITH** rosuvastatin (generic Crestor)	N/A
Vyvanse (lisdexamfetamine dimesylate)	Brand Only	lisdexamfetamine dimesylate (generic Vyvanse)	N/A	Brand Only	lisdexamfetamine dimesylate (generic Vyvanse)	N/A
Vyzulta (latanoprostene ophthalmic solution)	Single Source Brand	Must try **ALL** of the following: **1.** latanoprost (generic Xalatan) **2.** Lumigan **3.** travoprost (generic Travatan Z)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** timolol (generic Timoptic) **2.** latanoprost (generic Xalatan) **3.** Lumigan **4.** travoprost (generic Travatan Z)	N/A
Wayrilz (rilzabrutinib)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Alvaiz **2.** Doptelet	N/A
Welchol (colesevelam)	Brand Only	colesevelam (generic Welchol)	N/A	Brand Only	colesevelam (generic Welchol)	N/A

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Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Wellbutrin SR (bupropion extended-release)	Brand Only	bupropion extended-release (generic Wellbutrin SR)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	bupropion extended-release (generic Wellbutrin SR)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Wellbutrin XL (bupropion extended-release)	Brand Only	bupropion extended-release (generic Wellbutrin XL) ***Note: Trial must be in 2014 or later.**	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	bupropion extended-release (generic Wellbutrin XL) ***Note: Trial must be in 2014 or later.**	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Winlevi (clascoterone cream)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A

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Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Winrevair (sotatercept)	N/A	N/A	N/A	Single Source Brand	Must try **TWO** of the following: **1. ONE** endothelin receptor antagonist (e.g., ambrisentan [generic Letairis], bosentan [generic Tracleer], Opsumit) **2. ONE** PDE-5 inhibitor (e.g., sildenafil [generic Revatio], tadalafil [generic Adcirca]) **3. ONE** prostacyclin analog (e.g., Tyvaso, Ventavis) **4. ONE** soluble guanylate cyclase stimulator (e.g., Adempas)	N/A
Wynzora (calcipotriene-betamethasone dipropionate)	Single Source Brand	Must try **ALL** of the following: **1.** betamethasone (generic Diprosone) **IN COMBINATION WITH** calcipotriene (generic Dovonex) **2.** betamethasone-calcipotriene ointment (generic Taclonex) **3.** Enstilar **4.** Taclonex Suspension	N/A	Single Source Brand	Must try **ALL** of the following: **1.** betamethasone (generic Diprosone) **IN COMBINATION WITH** calcipotriene (generic Dovonex) **2.** betamethasone-calcipotriene ointment (generic Taclonex) **3.** Enstilar	N/A
Xadago (safinamide)	Single Source Brand	Must try **BOTH** of the following: **1.** selegiline (generic Eldepryl) **2.** rasagiline (generic Azilect)	N/A	Single Source Brand	selegiline (generic Eldepryl)	N/A
Xalatan (latanoprost ophthalmic solution)	Brand Only	latanoprost (generic Xalatan)	N/A	Brand Only	latanoprost (generic Xalatan)	N/A
Xalkori (crizotinib)	Single Source Brand	Use Non-Formulary	N/A	Single Source Brand	Use Non-Formulary	N/A
Xanax (alprazolam)	Brand Only	**BOTH of the following:** **1.** Must try alprazolam (generic Xanax) **AND** **2.** Must try **ONE** of the following: **a.** clonazepam (generic Klonopin) **b.** diazepam (generic Valium) **c.** lorazepam (generic Ativan)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **ALL** of the following: **1.** alprazolam (generic Xanax) **2.** clonazepam (generic Klonopin) **3.** diazepam (generic Valium) **4.** lorazepam (generic Ativan)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Xanax XR (alprazolam extended-release)	Brand Only	**BOTH of the following:** **1.** Must try alprazolam (generic Xanax) **AND** **2.** Must try **ONE** of the following: **a.** clonazepam (generic Klonopin) **b.** diazepam (generic Valium) **c.** lorazepam (generic Ativan)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **ALL** of the following: **1.** alprazolam (generic Xanax) **2.** clonazepam (generic Klonopin) **3.** diazepam (generic Valium) **4.** lorazepam (generic Ativan)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Xcopri (cenobamate)	N/A	N/A	N/A	Single Source Brand	Must try **FIVE** of the following: **1.** carbamazepine (generic Tegretol) **2.** divalproex (generic Depakote) **3.** gabapentin (generic Neurontin) **4.** lamotrigine (generic Lamictal) **5.** levetiracetam (generic Keppra) **6.** oxcarbazepine (generic Trileptal) **7.** phenytoin (generic Dilantin)	N/A
Xeloda (capecitabine)	Brand Only	capecitabine (generic Xeloda)	N/A	Brand Only	capecitabine (generic Xeloda)	N/A
Xenazine (tetrabenazine)	Brand Only	tetrabenazine (generic Xenazine)	N/A	Brand and Generic	tetrabenazine (generic Xenazine)	N/A
Xerese (acyclovir-hydrocortisone)	Single Source Brand	Must try **ALL** of the following: **1.** acyclovir capsule **OR** tablet (generic Zovirax) **2.** famciclovir tablet (generic Famvir) **3.** valacyclovir tablet (generic Valtrex) **4.** OTC Abreva	N/A	Single Source Brand	Must try **ALL** of the following: **1.** acyclovir capsule **OR** tablet (generic Zovirax) **2.** famciclovir tablet (generic Famvir) **3.** valacyclovir tablet (generic Valtrex) **4.** OTC Abreva	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Xhance (fluticasone propionate nasal spray)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Must try **THREE** of the following: **1.** flunisolide (generic Nasarel) **2.** fluticasone (generic Flonase) **or** OTC Flonase Allergy Relief **or** OTC Flonase Sensimist **3.** mometasone (generic Nasonex) **or** OTC Nasonex 24HR Allergy **4.** OTC Nasacort Allergy 24HR **5.** OTC Rhinocort Allergy Spray **Maryland only:** **1. For diagnosis of chronic rhinosinusitis with nasal polyps**: Must try mometasone nasal spray. **2. For all other indications**: Must try the above alternative(s).	N/A
Xifaxan (rifaximin)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A
Xigduo XR (dapagliflozin-metformin extended-release)	Brand and Generic	History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Synjardy/Synjardy XR	N/A	Brand and Generic	History of therapeutic failure (after a **THREE** month trial), contraindication, or intolerance to Synjardy/Synjardy XR	N/A
Ximino (minocycline extended-release capsule)	Multisource Brand without Generic	minocycline extended-release (generic Solodyn)	N/A	Multisource Brand without Generic	minocycline extended-release (generic Solodyn)	N/A
Xodol 5-300mg (hydrocodone-acetaminophen)	Brand and Generic	hydrocodone-acetaminophen 5-325mg (generic Norco)	N/A	Brand and Generic	hydrocodone-acetaminophen 5-325mg (generic Norco)	N/A
Xolegel (ketoconazole gel)	N/A	N/A	N/A	Single Source Brand	ketoconazole shampoo (generic Nizoral)	N/A
Xopenex Nebules (levalbuterol)	Brand Only	Must try **ONE** of the following: **1.** albuterol nebulized solution (generic Proventil Inhalation Solution) **2.** levalbuterol nebules (generic Xopenex)	N/A	Brand Only	Must try **BOTH** of the following: **1.** albuterol nebulized solution (generic Proventil Inhalation Solution) **2.** levalbuterol nebules (generic Xopenex)	N/A
Xromi (hydroxyurea oral solution)	N/A	N/A	N/A	Single Source Brand	Must try **ONE** of the following: **1.** hydroxyurea capsule (generic Hydrea) **2.** Droxia	N/A
Xultophy (insulin degludec-liraglutide)	Single Source Brand	Soliqua	N/A	Single Source Brand	Soliqua	N/A
Xyntha (antihemophilic factor [recombinant])	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Use Medical Necessity	N/A

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Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Xyosted (testosterone enanthate)	Single Source Brand	Use Medical Necessity	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** testosterone injection **2.** Testim	N/A
Xyrem (sodium oxybate)	Multisource Brand without Generic	Use Prior Authorization or Medical Necessity	N/A	Multisource Brand without Generic	Must try **ALL** of the following: **1.** Sodium Oxybate (Xyrem authorized generic manufactured by Hikma Pharmaceuticals) **2.** Xywav **3.** modafinil **4.** armodafinil **5.** Sunosi **6.** Wakix	N/A
Yonsa (abiraterone)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Use Step Therapy	N/A
Yosprala (aspirin-omeprazole delayed-release)	Single Source Brand	Must try **ONE** of the following: **1.** OTC aspirin **IN COMBINATION WITH** omeprazole (generic Prilosec) **2.** OTC aspirin **IN COMBINATION WITH** pantoprazole (generic Protonix)	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** OTC aspirin **IN COMBINATION WITH** omeprazole (generic Prilosec) **2.** OTC aspirin **IN COMBINATION WITH** pantoprazole (generic Protonix)	N/A
Yuflyma (adalimumab-aaty) (all dosage forms)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Yusimry (adalimumab-aqvh) (all dosage forms)	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Adalimumab-adaz (unbranded Hyrimoz) **2.** Amjevita	N/A
Zalvit (prenatal vitamin with ferrous gluconate and folic acid)	Single Source Brand	Brand and generic prenatal vitamins	N/A	Single Source Brand	Brand and generic prenatal vitamins	N/A

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Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Zanaflex 8mg capsule (tizanidine)	Single Source Brand	**BOTH of the following:** **1.** Must try tizanidine (generic Zanaflex) **AND** **2.** Must try **TWO** of the following: **a.** cyclobenzaprine tablet (generic Flexeril) **b.** chlorzoxazone (generic Parafon Forte DSC) **c.** methocarbamol (generic Robaxin) **d.** orphenadrine extended-release (generic Norflex)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	**BOTH of the following:** **1.** Must try tizanidine (generic Zanaflex) **AND** **2.** Must try **TWO** of the following: **a.** cyclobenzaprine tablet (generic Flexeril) **b.** chlorzoxazone (generic Parafon Forte DSC) **c.** methocarbamol (generic Robaxin) **d.** orphenadrine extended-release (generic Norflex)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Zantac capsule and tablet (ranitidine)	Legend Medication (Brand and Generic)	OTC Zantac (ranitidine)	N/A	Legend Medication (Brand and Generic)	OTC Zantac (ranitidine)	N/A
Zavesca (miglustat)	Brand Only	miglustat (generic Zavesca)	N/A	Brand Only	miglustat (generic Zavesca)	N/A
Zegerid capsule (omeprazole-sodium bicarbonate)	Legend Medication (Brand and Generic)	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole tablet (generic Protonix) **3.** rabeprazole tablet (generic Aciphex)	N/A	Legend Medication (Brand and Generic)	Must try **ALL** of the following: **1.** omeprazole (generic Prilosec) **2.** pantoprazole tablet (generic Protonix) **3.** rabeprazole tablet (generic Aciphex)	N/A
Zegerid packet (omeprazole-sodium bicarbonate packet for suspension)	Brand and Generic	Use Step Therapy	N/A	Brand and Generic	Must try **ALL** of the following: **1.** lansoprazole delayed-release orally-disintegrating tablet (generic Prevacid SoluTab) **2.** omeprazole (generic Prilosec) **3.** pantoprazole (generic Protonix) **4.** rabeprazole (generic Aciphex)	N/A
Zelapar (selegiline orally-disintegrating tablet)	N/A	N/A	N/A	Single Source Brand	selegiline (generic Eldepryl)	N/A
Zembrace SymTouch (sumatriptan auto-injector)	Single Source Brand	sumatriptan injection (generic Imitrex)	N/A	Single Source Brand	sumatriptan injection (generic Imitrex)	N/A
Zenzedi 2.5mg, 7.5mg, 15mg, 20mg, and 30mg (dextroamphetamine)	Brand and Generic	Must try **BOTH** of the following: **1.** amphetamine-dextroamphetamine immediate-release (generic Adderall) **2.** dextroamphetamine extended-release (generic Dexedrine)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** amphetamine-dextroamphetamine immediate-release (generic Adderall) **2.** dextroamphetamine extended-release (generic Dexedrine)	N/A

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Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Zenzedi 5mg and 10mg (dextroamphetamine)	Brand Only	Must try **BOTH** of the following: **1.** amphetamine-dextroamphetamine immediate-release (generic Adderall) **2.** dextroamphetamine extended-release (generic Dexedrine)	N/A	Brand Only	Must try **BOTH** of the following: **1.** amphetamine-dextroamphetamine immediate-release (generic Adderall) **2.** dextroamphetamine extended-release (generic Dexedrine)	N/A
Zepatier (elbasvir-grazoprevir)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** Epclusa **2.** Harvoni **3.** Mavyret	N/A
Zerviate (cetirizine ophthalmic solution)	Single Source Brand	Must try **ALL** of the following: **1.** OTC ketotifen (Zaditor) **2.** OTC olopatadine (Pataday) **3.** OTC Lastacaft **4.** azelastine ophthalmic solution (generic Optivar) **5.** epinastine (generic Elestat)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** OTC ketotifen (Zaditor) **2.** OTC olopatadine (Pataday) **3.** OTC Lastacaft **4.** azelastine ophthalmic solution (generic Optivar) **5.** epinastine (generic Elestat)	N/A
Zestoretic (lisinopril-hydrochlorothiazide)	Brand Only	lisinopril-hydrochlorothiazide (generic Zestoretic)	N/A	Brand Only	lisinopril-hydrochlorothiazide (generic Zestoretic)	N/A
Zestril (lisinopril)	Brand Only	lisinopril (generic Zestril)	N/A	Brand Only	lisinopril (generic Zestril)	N/A
Zetia (ezetimibe)	Brand Only	ezetimibe tablet (generic Zetia)	N/A	Brand Only	ezetimibe tablet (generic Zetia)	N/A
Ziagen (abacavir)	N/A	N/A	N/A	Brand Only	abacavir (generic Ziagen)	N/A
Ziana (clindamycin-tretinoin)	Brand and Generic	Must try **ONE** of the following clindamycin formulations **IN COMBINATION WITH** tretinoin cream (generic Retin-A): clindamycin gel **or** solution **or** lotion (generic Cleocin)	N/A	Brand and Generic	Must try **ONE** of the following clindamycin formulations **IN COMBINATION WITH** tretinoin cream (generic Retin-A): clindamycin gel **or** solution **or** lotion (generic Cleocin)	N/A
Ziextenzo (pegfilgrastim-bmez)	Single Source Brand	Must try **BOTH** of the following: **1.** Neulasta **2.** Udenyca	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** Neulasta **2.** Udenyca	N/A
Zileuton ER (zileuton extended-release)	N/A	N/A	N/A	Generic Only	Must try **BOTH** of the following: **1.** montelukast (generic Singulair) **2.** zafirlukast (generic Accolate)	N/A
Zilxi 1.5% (minocycline micronized foam)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** metronidazole 0.75% cream **or** gel (generic Metrocream, Metrogel) **2. ONE** oral tetracycline antibiotic (e.g., doxycycline, minocycline)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Ziphex (prenatal vitamin with ferrous gluconate and folic acid)	Single Source Brand	Brand and generic prenatal vitamins	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Single Source Brand	Brand and generic prenatal vitamins	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Zipsor 25mg (diclofenac potassium)	Brand and Generic	oral diclofenac (generic Cataflam, Voltaren)	N/A	Brand and Generic	Must try **ALL** of the following: **1.** oral diclofenac (generic Voltaren, Cataflam) **2.** ibuprofen (generic Motrin) **3.** naproxen (generic Naprosyn)	N/A
Zithranol (anthralin shampoo)	N/A	N/A	N/A	Single Source Brand	Must try **ALL** of the following: **1.** calciportreine (generic Dovonex) **2.** fluocinolone solution (generic Synalar) **3.** clobetasol solution **or** shampoo (generic Clobex, Temovate)	N/A
Zituvimet (sitagliptin free base-metformin)	Single Source Brand	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	N/A	Single Source Brand	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	N/A
Zituvimet XR (sitagliptin free base-metformin extended-release)	Single Source Brand	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	N/A	Single Source Brand	Must try **three month trial each** of **BOTH** of the following: **1.** Alogliptin-Metformin (Kazano authorized generic) **OR** saxagliptin-metformin extended-release (generic Kombiglyze XR) **AND** **2.** Jentadueto **OR** Jentadueto XR	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Zituvio (sitagliptin)	Single Source Brand	**BOTH** of the following: **1.** Must try Tradjenta **AND** **2.** Must try **ONE** of the following: **a.** saxagliptin (generic Onglyza) **b.** alogliptin (Nesina authorized generic)	N/A	Single Source Brand	Must try **three month trial each** of **ALL** of the following: **1.** Alogliptin (Nesina authorized generic) **2.** Saxagliptin (generic Onglyza) **3.** Tradjenta	N/A
Zocor (simvastatin)	Brand Only	simvastatin (generic Zocor)	N/A	Brand Only	simvastatin (generic Zocor)	N/A
Zolmitriptan nasal spray (generic Zomig nasal spray)	Generic Only	Must try **BOTH** of the following: **1.** sumatriptan nasal spray **2.** Brand Zomig nasal spray	N/A	Generic Only	Must try **BOTH** of the following: **1.** sumatriptan nasal spray **2.** Brand Zomig nasal spray	N/A
Zoloft (sertraline)	Brand Only	**BOTH of the following:** **1.** Must try sertraline (generic Zoloft) **AND** **2.** Must try **ONE** of the following: **a.** paroxetine (generic Paxil) **b.** fluoxetine (generic Prozac) **c.** citalopram (generic Celexa) **d.** escitalopram (generic Lexapro)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).	Brand Only	Must try **ALL** of the following: **1.** sertraline (generic Zoloft) **2.** paroxetine (generic Paxil) **3.** fluoxetine (generic Prozac) **4.** citalopram (generic Celexa) **5.** escitalopram (generic Lexapro)	**BOTH of the following:** **1.** Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s). Document date and duration of trial. **AND** **2.** Provider must give an explanation of potential rationale for how the excluded medication will work if stating the patient failed on the covered Therapeutically Equivalent product which has the same active ingredient. (e.g., the member had an adverse reaction to an inactive ingredient in the alternative product).
Zolpidem capsule	Single Source Brand	zolpidem tablet (generic Ambien, generic Ambien CR)	N/A	Single Source Brand	zolpidem tablet (generic Ambien, generic Ambien CR)	N/A
Zolpidem sublingual (generic Intermezzo)	Generic Only	Must try **TWO** of the following: **1.** zolpidem (generic Ambien) **2.** zalepelon (generic Sonata) **3.** eszopiclone (generic Lunesta)	N/A	Generic Only	Must try a **two week trial** each of **ALL** the following: **1.** zolpidem (generic Ambien) **2.** zaleplon (generic Sonata) **3.** eszopiclone (generic Lunesta)	N/A
Zomacton (somatropin)	Single Source Brand	Must try **ONE** of the following: **1**. Norditropin FlexPro **2.** Omnitrope	N/A	Single Source Brand	Must try **BOTH** of the following: **1**. Norditropin FlexPro **2.** Omnitrope	N/A
Zomig tablet (zolmitriptan)	Brand Only	zolmitriptan tablet (generic Zomig)	N/A	Brand Only	zolmitriptan tablet (generic Zomig)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Zonalon (doxepin cream)	Brand Only	doxepin cream	N/A	Brand and Generic	Must try **ALL** of the following: **1.** betamethasone dipropionate cream 0.05% (generic Diprosone) **2.** desoximetasone cream 0.05% (generic Topicort) **3.** fluocinonide cream 0.05% (generic Lidex) **4.** mometasone furoate cream 0.1% (generic Elocon) **5.** triamcinolone acetonide cream 0.5% (generic Aristocort)	N/A
Zonatuss (benzonatate)	Generic Only	benzonatate (generic Tessalon Perles)	N/A	Generic Only	benzonatate (generic Tessalon Perles)	N/A
Zonegran (zonisamide)	N/A	N/A	N/A	Brand and Generic	zonisamide (generic Zonegran)	N/A
Zortress (everolimus)	Brand Only	everolimus (generic Zortress)	N/A	Brand and Generic	Must try **BOTH** of the following: **1.** cyclosporine (generic Neoral, Sandimmune, Gengraf) **2.** tacrolimus (generic Prograf)	N/A
Zorvolex (diclofenac)	Single Source Brand	Must try **ALL** of the following: **1.** diclofenac tablet (generic Voltaren, Cataflam) **2.** ibuprofen (generic Motrin) **3.** naproxen (generic Naprosyn)	N/A	Single Source Brand	Must try **ALL** of the following: **1.** diclofenac tablet (generic Voltaren, Cataflam) **2.** ibuprofen (generic Motrin) **3.** naproxen (generic Naprosyn)	N/A
Zovirax cream (acyclovir)	Brand and Generic	**BOTH of the following:** **1**. Must try OTC Abreva **AND** **2.** Must try **TWO** of the following: **a.** acyclovir capsule **OR** tablet (generic Zovirax) **b.** famciclovir tablet (generic Famvir) **c.** valacyclovir tablet (generic Valtrex)	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.	Brand and Generic	Must try **ALL** of the following: **1.** acyclovir capsule **OR** tablet (generic Zovirax) **2.** famciclovir tablet (generic Famvir) **3.** valacyclovir tablet (generic Valtrex) **4.** OTC Abreva	Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to the Therapeutically Equivalent covered medication(s) as documented. Document date and duration of trial.
Zovirax ointment (acyclovir)	Brand Only	Must try **TWO** of the following: **1.** oral acyclovir (generic Zovirax) **2.** famciclovir (generic Famvir) **3.** valacyclovir (generic Valtrex) **4.** acyclovir ointment (generic Zovirax ointment)	N/A	Brand Only	Must try **ALL** of the following: **1.** oral acyclovir (generic Zovirax) **2.** famciclovir (generic Famvir) **3.** valacyclovir (generic Valtrex) **4.** acyclovir ointment (generic Zovirax ointment)	N/A
Zunveyl (benzgalantamine delayed-release)	Single Source Brand	galantamine (generic Razadyne)	N/A	Single Source Brand	galantamine (generic Razadyne)	N/A
Zyclara (imiquimod)	Brand and Generic	imiquimod 5% cream (generic Aldara)	N/A	Brand and Generic	imiquimod 5% cream (generic Aldara)	N/A
Zyflo (zileuton)	N/A	N/A	N/A	Single Source Brand	Must try **BOTH** of the following: **1.** montelukast (generic Singulair) **2.** zafirlukast (generic Accolate)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Zykadia (ceritinib)	Single Source Brand	Use Non-Formulary	N/A	Single Source Brand	Use Non-Formulary	N/A
Zymfentra (infliximab)	Single Source Brand	**ONE of the following:** **1. For plans that have medical necessity review:** Use Medical Necessity guideline **ONLY** **OR** **2. For plans that do NOT have medical necessity review:** Must try **THREE** of the following: **a. ONE** adalimumab product: i. Adalimumab-adaz (unbranded Hyrimoz) **ii.** Amjevita **iii.** Humira **b. ONE** ustekinumab product: i. Steqeyma ii. Yesintek iii. Wezlana **c.** Cimzia (certolizumab) **d.** Entyvio **e.** Infliximab IV (medical benefit) **f.** Omvoh **g.** Rinvoq **h.** Simponi **i.** Skyrizi **j.** Xeljanz **k.** Tremfya	N/A	Single Source Brand	**ONE of the following:** **1. For plans that have medical necessity review:** Use Medical Necessity guideline **ONLY** **OR** **2. For plans that do NOT have medical necessity review:** Must try **THREE** of the following: **a. ONE** adalimumab product: i. Adalimumab-adaz (unbranded Hyrimoz) **ii.** Amjevita **iii.** Humira **b. ONE** ustekinumab product: i. Steqeyma ii. Yesintek iii. Wezlana **c.** Cimzia (certolizumab) **d.** Entyvio **e.** Infliximab IV (medical benefit) **f.** Omvoh **g.** Rinvoq **h.** Simponi **i.** Skyrizi **j.** Xeljanz **k.** Tremfya	N/A
Zypitamag (pitavastatin)	Single Source Brand	Use Step Therapy	N/A	Single Source Brand	Must try **ALL** of the following: **1.** atorvastatin (generic Lipitor) **2.** lovastatin (generic Mevacor) **3.** pravastatin (generic Pravachol) **4.** rosuvastatin (generic Crestor) **5.** simvastatin (generic Zocor)	N/A
Zyprexa (olanzapine)	Brand Only	olanzapine (generic Zyprexa)	N/A	Brand Only	olanzapine (generic Zyprexa)	N/A
Zyprexa Zydis (olanzapine orally-disintegrating tablet)	Brand Only	olanzapine orally-disintegrating tablet (generic Zyprexa Zydis)	N/A	Brand Only	olanzapine orally-disintegrating tablet (generic Zyprexa Zydis)	N/A
Zyrtec (cetirizine) (all dosage forms)	Legend Medication (Brand and Generic)	OTC Zyrtec	N/A	Legend Medication (Brand and Generic)	OTC Zyrtec	N/A
Zytiga 250mg (abiraterone)	Brand Only	abiraterone 250mg (generic Zytiga)	N/A	Brand Only	abiraterone 250mg (generic Zytiga)	N/A
Zytiga 500mg (abiraterone)	Brand and Generic	Take two abiraterone 250mg tablets (generic Zytiga)	N/A	Brand and Generic	Take two abiraterone 250mg tablets (generic Zytiga)	N/A

Effective Date: 11/13/2026						
Target Drug	**Tried/Failed**			**Non-formulary**		
Excluded Drug	**Drug Status**	**History of failure, contraindication, or intolerance to one alternative (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**	**Drug Status**	**History of failure, contraindication, or intolerance to ALL alternatives (unless otherwise specified), up to a maximum of 5 alts**	**Additional Criteria Requirements**
Zyvox (linezolid)	Brand Only	linezolid (generic Zyvox)	N/A	Brand Only	linezolid (generic Zyvox)	N/A